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ORIGINAL COMMUNICATIONS.

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*Surgical Sketches.* By W. E. HORNER, M. D., Prof. of Anatomy in the University of Pennsylvania, Senior Surgeon at the St. Joseph's Hospital, &c. &c.

*A Military Hospital at Buffalo, New York, in the year 1814.*

(Continued.)

In regard to wounds from grape and cannister shot, they are more torn, owing to the larger size of such projectiles. And from the greater momentum much more mischief is done in the laceration of the soft parts, and in the comminution of bones, than happens from musket balls. Such missiles pass straight on, and, except when the surface of the body or the limbs are concerned, they are for the most part immediately fatal, or in a short time. Musket balls, on the contrary, have their course very much varied by the material resistance they meet with in the different tissues and especially by the angle at which they strike. Hence it is not unusual for them to pass around a part one half of its circumference immediately under the skin, giving delusively the appearance of a wound through and through.

If the smaller spherical projectiles from cannon make terrible wounds, such of the latter as arise from the angular fragments of exploded hollow shot are still more formidable in the rent and destruction of parts, and there are still fewer recoveries from

them. Rail-way accidents and steam explosions produce a class of accidents very nearly allied to them.

I have said that in the lighter wounds, poultices were early dispensed with; the inflammatory symptoms were mild, and subsided as the discharge of pus increased. The local treatment in common use, was the daily washing of the wounds with soap and warm water, and a simple plaster of basilicon spread on patent lint. We were, however, frequently in want of the latter, and its place was tolerably well supplied by slips of the cotton muslin which we used for bandages. When the sores showed an indisposition to heal, they were washed freely with French brandy or with whiskey. The poultice of bread and milk, of flaxseed, or of slippery elm, was resorted to with great advantage in soothing the irritability and extreme sensibility of some wounds. Situated, however, as we were, milk was a scarce article, and the bread of an inferior quality. The cold water dressing, since so much eulogized, was not attempted except in the form of saturnine lotions. Having been in Paris in the celebrated outbreak there in June 1848, and witnessed the cold water dressings in several of the Hospitals, I can not say that I considered it equal in comfort and in efficacy in severe cases to the preceding well established routine of warm poultices. It may retard inflammation and also repress it, and in these two lights may do well; but another important indication in many wounds is to make provision for the tumefaction which follows them, and nothing relaxes rigid tissues with more certainty than hot fomentations and poultices. Any one who will try the experiment of treating a sprained ankle by cold applications alone, in contrast with large hot poultices, using in both cases leeching besides, will be convinced of the vastly superior efficacy of the poultice, and see that the treatment is abridged nearly one half in point of time by the use of the latter. On the occasion alluded to in Paris, it afforded me pleasure to perceive that the dressing of wounds in the wards of the Hotel Dieu, and of the Saint Louis, was still by the warm well made poultices, while the cold water fomentation or irrigation was almost exclusive in the Val de Grace, (a military hospital.) In the Neckar, the treatment was eclectic, some patients being dressed with cerate, spread on perforated linen, others with poultices, and others with cold water.



I have in a preceding place, alluded to the paramount interest attaching to amputations, and especially the period at which they should be performed. This question was for a long time considered as settled upon the authority of the leading surgeons of the French and of the British Armies, during the great wars at the beginning of the present century. They generally asserted their conviction in favor of amputation directly after an injury, instead of waiting for two, three or more weeks. The ancient doubts are now, however, beginning to revive, and the more recent statistics are received with no small attention.

The frequency of fatal results upon direct amputation leads to the inquiry necessarily, whether a severe operation upon the heels of a severe accident is not, however well performed, more injurious than beneficial to a patient, and whether, in view of preventing an ulterior harm, it does not produce an immediate mischief? Whether the true course in such cases would not be either to let the limb undergo the ordinary treatment of poultices, &c., or if the nourishment of it could not be kept up beyond the injured spot, to do no more than simply cut it off through the ray of connexion which it may have with the part above. In reproducing such ideas it is to be admitted that circumstances are to regulate, in a measure, the proceeding. When the patient can be placed at once in convenient quarters, the refraining from amputation has much to recommend it. But when he has to be transported roughly a great distance, the amputation of the thigh, or at least the immediate excision of the dangling part of the member, would probably be better than to leave all as the accident placed it. It appears to me that the leading inducement to many amputations immediately after injury is only the making of a better stump; but nature has great capacity in this respect, in the most unseemly injuries; and by her law if a bone protrudes beyond its limit of covering by muscle and skin, she in a few weeks, reduces its length to the proper mark by the process of exfoliation. This I have frequently seen accomplished when a spontaneous retraction of the muscles from the bone had denuded it.

Wiseman, surgeon to Charles II. of England, counselled that if there be no hopes of saving the member, the amputation should be done upon the receipt of the wound, before the patient's spirits

were overheated with pain or fever, his strength impaired by loss of sleep, and while he is still amazed, as it were, with the accident. Le Dran was of the same opinion, and especially in the case of wounded joints. Ranby, surgeon to George II. in the fore part of the last century, deriving his experience from the campaigns in Flanders, advised amputation on the spot, even on the field of battle. But the most prominent authority of the last century is Bilguers, Surgeon General to the Prussian Army under the great Frederick, who in 1762\* published against amputation in general. He denied its necessity even when a limb was torn off by a cannon ball and the parts were hanging. With these views he permitted no amputations in the Prussian Army. The exposition of his success is that, having at one time 6618 wounded patients in hospital, 5557 were perfectly cured, 195 almost restored, 213 remained incapable of either military or civil labor, and 653 died. The 195 and 213 had their bones broken, that is 408, and of the 653 deaths, 408 were from fractured bones. There stand 408 saved without amputation, and 408 deaths also without it. He then says that if we compare the number saved without amputation, with the almost total loss of patients after amputation (only one or two escaping) out of a prodigious number operated on in the beginning of the war, we may safely conclude that the 408 saved would have been victims to the operation. Exceptions are taken to this conclusion by Mr. Guthrie, because Bilguer makes no account of the wounded who died upon the field of battle for the want of amputation. There is, however, such an immense difference between only one or two saved in the beginning of the war, and 408 saved under a new regulation, that if Bilguer speaks candidly and correctly the assertion is of great weight.

About the middle of the past century, (1756) the French Academy of Surgery made this subject a prize question, which was decided in favor of M. Faure, a military surgeon of experience. He adduced ten cases of experiment on delayed amputation, following the battle of Fontenoy in 1745, all successful, while his opponents brought forward only four cures, out of nine immediate amputations. Faure's eligible period for amputation

\* See Guthrie on Gun-shot wounds.



was when the violence of the local inflammatory condition and the symptomatic fever had abated. He, however, permitted prompt amputation in some few cases, they being of the worst kind, and not admitting of any delay whatever. Faure informs us that of three hundred amputations upon the battle of Fontenoy, only thirty were successful.\*

In 1792 this decision of the French Academy was reiterated by the Baron Percy in his *Manuel du Chirurgien d'Armée*. The celebrated John Hunter, says on the subject,† after excepting cases where there is danger of death from hemorrhage, and the blood-vessel can not be reached without amputation, that it is much better to wait till the inflammation, and all its effects with those of irritation be gone. And this caution he applies with marked emphasis to the lower extremity. But few, he says, can support the loss of a lower extremity when they are in full health and vigor. "We know that a violent inflammation will in a few hours alter the healthy disposition, and give a turn to the constitution, especially if a considerable quantity of blood has been lost, which will most probably be the case when both accident and operation immediately succeed one another." He reprobates decidedly amputation on the field of battle,‡ the motive for which must of course be to avert the inflammation of the part which would follow its neglect; but he says, that if the patient would be able to sustain the inflammation, a consequence of the accident alone, it is more than probable he would not be able to support the amputation and its consequences too. If chances are so even for and against the patient when amputation is performed under ordinary circumstances in life, how adverse they become upon a field of battle." We must confess that we consider these pregnant precepts in regard to military surgery, but too applicable to the more pacific, but no less terrible series of injuries resulting from railroads, the actual extension of which at present in our country, and their still further extension for the future, urges imperiously a sound rule for the guidance of every practitioner.

\* See Larrey, *Memoirs of Milit. Surg. &c.*, Balt. Edit. 1814. Vol. 2, p. 79.

† *A Treatise on the Blood &c.*, p. 537, Phila. Edit. 1840,

‡ *Ib.* p. 538.

In an army, additional ease in travelling, and especially in a hostile country may be a motive for prompt amputation, but this can have only a limited influence in civil practice, and therefore ceases to be an argument. Mr. Hunter proceeds to say that few did well who had their limbs removed on the field of battle, while a much greater proportion have recovered upon amputation after the inflammation was over. He is, however, less scrupulous about prompt amputation of the upper extremity, or in any case when the limb holds by only a small connexion. My own doubts, I admit, extend even to the latter, and I sincerely desire that a proper test should be applied by experiments of a suitable kind. It can do but little harm when a limb is dangling, and with the bones comminuted, to resect the limb at the point of connexion, and then simply to square off the protuberant bone. By this forbearance, which is scarcely an amputation, we avoid a new invasion of parts already in a suffering state.

The introduction in the year 1782, by Mr. Alanson, of the plan of treating amputated limbs by procuring an immediate union of the flap with the stump, may be considered as giving the strongest impulse to the idea of prompt amputation after injury; it is said to have diminished considerably the mortality when compared with that of the preceding forty years. This is, however, a pure question of comparative treatment of amputation, in which the English and the French schools are still opposed. The intelligence and ardor of the latter do not admit of a doubt that they are governed in their own practice by the results or the convictions of experience, and not by a simple routine as is alleged by their insular Neighbors. But this question does not reach the fundamental one of the relative superiority of a prompt, or of a tardy, or of a delayed or remote operation, the great one for the present stage of civil surgery.

The instructed reader need scarcely be informed that English surgery has run exclusively into the practice of prompt amputation after an accident likely to produce final loss of limb; that the celebrated Baron Larrey has used his high influence in producing a similar practice in France; and that these two sources of authority have established the principle in American surgery. The opinions of our army surgeons in the war of



1812 all went that way, so far as we can learn, through the unfortunately too limited publications on that subject; and we presume that these opinions have been reproduced in the late Mexican war, though unhappily there are so few means of ascertaining the case. Notwithstanding this, we are yet constantly admonished by the frequency of death after immediate amputation, that if the practice be a sound one, it is at least very unsatisfactory in its general results.

Mr. Guthrie\* makes what he considers a triumphant statement in favor of his own views for immediate amputation; to-wit: in 163 amputations of the upper extremities, five only died, the rest were cured or convalescent; of the lower extremities, 128 amputations, only nineteen deaths, the rest cured and convalescent. His average of success was, in the case of the upper extremities, one death to twelve recoveries, and in the case of the lower extremities, one death to three recoveries. In the delayed amputations in the British Hospitals for the last six months of the year 1813, one hundred and sixteen persons out of 296 died in the case of the upper extremities; and in the case of the lower extremities 149 out of 255, a loss of more than a third in one category, and of much above one-half in the other. By this it appears that nearly one-half of the wounded are lost in the delayed amputations, while not more than a twelfth are lost on the field of battle.

Mr. Guthrie presents a remarkable statement of the mortality attending amputations between the fourth and the eighteenth day, mostly of the thigh. Out of forty-six, forty died. One who has seen amputations at this period of gun-shot wounds, will not forget the horrific yells of the sufferer; and we must confess some surprise at the persistence of a surgeon who would progress through such a scene. His confidence must have been strong in the accuracy of his principles, and his solace is to be found in the statement following, that an equal number, not so badly wounded, but not operated on, also died. This occurred in a group of one hundred and fifty French soldiers, captured at the battle of Salamanca.

\* On gun-shot wounds, p. 42. London, 1815.

† Loc cit. p. 59.

Mr. Hennen\* is so firmly of the opinion above, that he considers it almost libellous to impute any other practice to English surgeons. The fact of its propriety is, he says, as firmly established as any in surgery, and that there is not one point where opinions have varied so little among English practitioners from Wiseman downwards. The statistics of Mr. Guthrie and the axiom of Mr. Hennen, have thus a strong contrast with the celebrated Prussian surgeon Bilguers, and with the deeply reflective mind of John Hunter. It is said that the Indians of the Rocky Mountains consider a few perforations with rifle balls or penetrations with arrows, as not a very serious matter; that they suffer comparatively but little inconvenience from such accidents. If vital parts are not struck they do not lay up, but let these missiles drop out pretty much as they can. All of which is stated to be due to the singular salubrity of the air. The air of a field of battle appears to have a similar protective influence upon the constitution of the British soldier, or else there are some qualifications in the condition of things which statistical tables fail to represent. We can scarcely doubt the sincerity of Mr. Guthrie's views, whatever may be the striking character of his reports. He certainly had great opportunities for experience when war was conducted on so extensive a scale. But whatever may be his convictions in regard to early amputation, he is decided in allowing the first moments of agitation to pass before the operation is performed. He admits a period of from one to six or eight hours in different individuals, but considers that from one to three hours will, in most cases, be sufficient.†

The great battle of Waterloo, fought on the 16th and 18th of June, 1814, left two thousand killed in the British lines, and eight thousand wounded; the number of amputations amounted to nearly five hundred, in more than one-third of whom the operations had been prompt. We are informed by a careful observer, who made his report on the state of the British Hospitals‡ in Belgium at the time, that the mortality among those where am-

\* Observations, &c., on Military Surgery. Edinburgh, 1818, pp. 45, et seq.

† Loc. cit., p. 52.

‡ John Thompson, Regius Professor, &c. Edinburgh, 1816.



putation was not at all performed, and among those where it had been postponed, was so much in excess over the cases of mortality after the cases of prompt amputation, that many regrets existed among the army surgeons that primary amputations had not been more frequently performed. This axiom then of British practice, established on the most memorable occasion of modern times, has met with but little to disturb its ascendancy since, and may now, therefore, be viewed as the dominant doctrine of the profession there.

In a recent lecture by Mr. Guthrie,\* his opinions previously expressed on the result of his Peninsular service, are reiterated in substance as follows, to-wit: Immediate resection when the limb is in a hopeless state. The exception being when the patient is so prostrated as to render it evidently hazardous at once to his life. A delay of from five to eight hours and the use of stimulants are then recommended. He considers amputations done within the first twenty hours, over such as are done after several days or weeks, so superior as to admit no longer of dispute. He appears, however, to omit the question whether amputations at any period have an advantage over no amputations at all. He admits that amputations below the shoulder joint downwards, and below the knee downwards, may almost always be done with safety, but the sooner the more sure. Amputations any where above the middle of the thigh have always considerable danger. The latter being, then, the really turning point of the enquiry, the question should first of all be settled, whether immediate amputation, delayed amputation, or no amputation at all of this part, be better; and as immediate or delayed amputation in the two other cases do not differ materially in their results, so incidental circumstances may direct the surgeon. But it may be doubted always, I say, whether the immediate repetition to the limb of a severe injury by amputation is likely to be so balmy, as the admission of a fair interval of time. I consider it highly inconclusive to group amputations by the limb instead of by the region of the limb, and still more so to speak of all sorts of amputations in a sum, without any analysis.

\* See American Medical Journal, Oct. 1852, p. 530, from Lancet, May 1, 1852.

The surgeon most influential in obtaining the present professional conviction in favor of immediate amputation after injuries requiring the resection of the limb, is unquestionably the celebrated Baron Larrey.\* His surgical life began in 1789, and was continued with great activity for the next twenty-six years, when the downfall of the Emperor Napoleon composed the disturbed state of Europe. In this long service he was the constant attendant of his celebrated master, and present at all his great battles as Surgeon-in-Chief. His amputations were sometimes fifty or sixty a day, and, on one occasion, amounted to two hundred. Seeing for himself to such an amazing extent, and receiving the most authentic reports from all quarters, it would be difficult to find elsewhere such an amount of information. It would appear that under his observation more than three-fourths have recovered, which he ascribes to a more correct appreciation of the time for operating, to more methodical dressing, and to a more simple and less painful process than in preceding times. His rule is, that when a limb is so shattered that it cannot be saved, amputation should be done in the first twenty-four hours.†

Immediate amputation is, however, far from being the universal doctrine of the French schools. The Baron Percy, as previously remarked, disallowed it in his manual for army surgeons, published, in the year 1792, but understood to have been well received at a comparatively recent date. And Blandin, so late as 1829,‡ leaves us with the same conclusions in regard to his sentiments.

The American surgeons, in the war of 1812, followed to a large extent the prevailing French and English practice of that period; among them we may mention Dr. Mann; yet he states that after the battle of Little York and Fort George, a less number survived primitive than consecutive amputation. Three or four, it appears, died immediately after the operation, whereas there was not a single case of death during the campaign (1813) occasioned by consecutive amputation § We regret that he has not furnished us with the results of more than thirty amputa-

\* See *Memoirs of Milit. Surg.*, passim. Balt. Ed. 1814. Translation by R. W. Hall, M. D.

† Loc. cit. p. 79.

‡ See *Dict. de Med. et de Chirurg. Prat. Art. Amputation.*

§ *Medical Sketches*, p. 213.



tions executed after the battle of the 11th of September, 1814, on Lake Champlain, rendered more memorable by the naval victory of Commodore McDonough. Dr. Amasa Trowbridge,\* also an experienced surgeon of that time, and still alive, has given his testimony in favor of immediate amputation when there is no prospect of the ultimate restoration of the limb.†

In a valuable communication under date of April 30, 1851, from Dr. J. B. Whitridge, now of Charleston, S. C., and one of the U. S. Army surgeons of the war of 1812, he has furnished me with his views generally on the subject of amputation. Among other remarks he says: "According to my observations and experience amputation should always be performed as soon as possible after the accident or wound has taken place, which creates the necessity of the operation." He enjoys the reputation of a highly skilful and successful surgeon.

In the Naval fight on Lake Erie, September 10th, 1813, Dr. Usher Parsons,‡ the fleet surgeon, adopted the same plan of immediate amputation. The American squadron contained about six hundred, all told. The flag ship, the Lawrence, under Commodore Perry, had mustered in the morning one hundred men fit for duty. The action lasted three hours, and left at 3 o'clock P. M., twenty-one dead and sixty-three wounded, only sixteen unhurt. The whole number of wounded in the squadron

\* This gentleman, though now at an advanced age, exhibits an unflinching energy in the exercise of his profession. His residence being in Watertown, in the northern part of the State of New York, he has enjoyed for nearly half a century a most prominent reputation as an operator. In recent communications from him, he reports ninety amputations of the thigh in private practice since 1809. Of the first thirty-five, only one died immediately after the operation; the remainder recovered from the operation, and continued to live for a well marked time afterwards. His report in detail was published in the Boston Medical and Surgical Journal. He lately performed his eighteenth operation (lithotomy) for stone in the bladder, this case terminating, as all the previous ones, in success. Of these, three were instances of foreign body in the bladder, one being a slate-pencil two inches long, one a piece of willow stick one and a half inches long, and one a bit of sealing wax two inches long and three-fourths of an inch in circumference. In thirteen cases of tracheotomy for foreign bodies, twelve were successful.

† See Boston Med. and Surg. Journ., 1838.

‡ See New England Journal of Med. and Surg., Oct. 1818, p. 313.

was ninety-six, of these, only three died; one from compound fracture of the shoulder, in which the bones were in part carried away, one from mortification of the lower extremity, and a third from fracture of the skull. The moral influence of victory was strongly illustrated in this engagement. It is known that the flag ship struck her colors; medical aid, the Doctor tells us, was then rejected, and the cry at once was, "sink the ship, let us all sink together." The translation of the Commodore to the Niagara, and the bringing of that ship into action, changed the fortune of the day, and shouts of victory immediately ascended. Its influence was seen in the remarkably few deaths of the wounded. Dr. Mann says that the same happy consequences attended the victory on Lake Champlain. The prodigious and glorious successes of the British arms in the Peninsular campaigns may account for many of the recoveries there also.

## APPENDIX.

The following tabular statements on this subject may be presented with some advantage. In the Pennsylvania Hospital it appears from the report of Dr. George W. Norris, one of the surgeons,\* that there had been fifty-six amputations from January 1, 1831, to January 1, 1838, a period of seven years, under the following circumstances:

*Pennsylvania Hospital.*

	Aggregate Amputations.	Died.	Recovered.	Accidental Amputations, or prompt.	Died.	Recovered.	Amputation delayed or from disease.	Died.	Recovered.	Total.
Thigh . . .	XIII.	6	7	VI.	4	2	VII.	2	5	13
Leg . . .	XVI.	9	7	IV.	1	3	XII.	8	4	16
Foot . . .	IV.	1	3	I.	1		III.†		3	4
Shoulder Joint . . .	II.	2		I.	1		I.	1		2
Arm . . .	VI.	2	4	IV.	2		II.		2	6
Fore arm . . .	XIII.	2	11	VIII.	2†	6	V.		5	13
Hand . . .	II.		2				II.		2	2
		22	34		11	11		11	21	56

\*See Amer. Jour. Med. Sci. vol. 22, p. 356.

† Dr. Norris has not stated whether these were after prompt or delayed amputation.

‡ Two on same patient.



*Pennsylvania Hospital from Jan. 1, 1838, to Jan. 1, 1840.\**

	Aggregate.	Died.	Recovered.	Prompt.	Died.	Recovered.	Delayed.	Died.	Recovered.	Total.
Thigh . . .	IV.		4			7	IV.		4	4
Leg . . .	X.		10	VII.		7	III.		3	10
Foot, partial . . .	I.	1		I.	1					1
Arm . . .	VI.		6	III.		3	III.		3	6
Fore arm . . .	III.		3	I.		1	II.		2	3
		1	23		1	11			12	24

In regard to the Massachusetts General Hospital, it appears from the Report,\* including the amputations from January 1822, to January 1, 1850, that the aggregate had been one hundred and forty-six on one hundred and forty-one patients, thirty-two of which had died :

85 in consequence of disease, of whom 10 died, i. e. 1 in  $8\frac{1}{2}$  cases.

56 " " injury, " 22 " 1 in 3 "

I have condensed the report into the following table :

	Aggregate.	Died.	Recovered.	Prompt Amputation.	Died.	Recovered.	Delayed Amputation.	Died.	Recovered.	Total.
Thigh . . .	LXIX.	19	50	XIV.	7	7	LV.	13	42	69
Leg . . .	L.	10	40	XIII.	3	10	XXXII	6	31	50
Arm . . .	XI.	1	10	III.	1	2	IX.		9	11
Fore arm . . .	XI.	2	9	V.	1	4	VI.		6	11
		32	109		12	23		19	87	141

\* See Amer. Journ. Med. Sc., vol. 26, p. 36. Paper by Dr. George W. Norris.

† By George Hayward, M. D., one of the surgeons. See Boston Med. and Sur. Journal, Oct., 1850.

*New York Hospital.\**

	Aggregate Amputations.	Died.	Recovered.	Accidental Amputations, or prompt.	Died.	Recovered.	Amputation delayed, or from disease.	Died.	Recovered.	Total.
Thigh . . .	XXXIV.	11	23	IX.	3	6	XXV.	8	17	34
Knee Joint . .	I.	1					I.	1		1
Leg . . .	XXIV.	7	17	XV.	6	9	IX.	1	8	24
Shoulder Joint .	IX.	4	5	VII.	4	3	II.		2	9
Arm . . .	XI.			VIII.		8	III.		3	11
Fore arm . .	XI.	3	8	VI.	1	5	V.	2	3	11
		26	53		14	31		12	33	90

It is to be regretted, I say, that we have not more statistics of the result of amputations in our Mexican army. Immediate amputation appears to have been the favored practice. "No rule was more universally acted upon by the surgeons of our army in Mexico, from the battle of Palo Alto to the treaty of peace, than the one laid down by Hennen, with as little delay as possible.†

As this was so uniform a proceeding, the opposite had but a very imperfect trial, and the statistics of success not being given by Dr. Porter in his paper, there are no means of comparing with the results in other places. We hope that some gentleman of the army will devote himself to the collecting of facts on this subject while they are still so accessible.

We are informed by Dr. Richard McSherry, of the U. S. Navy,‡ that he did not see in his own practice, or in that of any other surgeon, a single case of cure after severe injury of the thigh or knee, either with or without amputation. This was in an attendance of eight months in the hospitals of the city of Mexico, after the fighting was over, and it applies to wounds fracturing the os femoris. All other wounds seemed to do as well in that city as in other

\* See American Journal Med. Sc., July, 1848. Statistics, &c., of Amputations from Jan. 1, 1839, to Jan. 1, 1848.

† Medical and Surgical Notices, &c., by John B. Porter, M. D., surgeon U. S. Army, in American Journal of the Medical Sciences for July, 1852.

‡ See Amer. Jour. Med. Sc., July 1849.



climates, and he presumes that not one case in twenty was fatal after amputation of the arm.

*Report of Prof. RESTELLI, of the Sardinian Army.\**

	Aggregate.	Died.	Recovered.	Prompt Amputations.	Died.	Recovered.	Delayed.	Died.	Recovered.	Total.
Hip Joint . . .	I.		1	I.						1
Thigh . . .	XVIII.	10	8	XI.	4	7	VII.	6	1	18
Leg . . .	IV.	1	2				I.	1		4
Shoulder Joint . .	III.	1	2	I.		1	II.	1	1	3
Arm . . .	XVII.	6	11	X.	1	9	VII.	5	2	17
Fore arm . . .	III.	1	2				III.	1	2	3
		19	26		5	17		14	6	46

The conclusion drawn from the above, by Prof. Restelli is, that prompt amputations are more felicitous in their results, than delayed.

In the African campaigns of the French in 1837, '38, and '39, according to the report of Dr. Guyon, of sixty-three amputations of all the limbs, including six at the shoulder-joint, seventeen patients died and forty-six recovered, and the results were about the same in prompt and in tardy operations. The report is, however, very unsatisfactory, from the want of details in regard to precise time, and to deaths in relation to the places of amputation. For, by putting into one sum all the deaths, it confounds things widely separated in other respects,† and leaves us without guide, at least so far as the objects of the present observations are concerned.

The report of M. Malgaigne in regard to the results of amputation in the Paris hospitals for traumatic lesions, from 1836 to 1846, is a remarkable document.‡ For example in

\* See British and Foreign Med. Chirug. Review. Oct., 1850.

† See Brit. and For. Medical Review, vol. xii. 1841. From Gazette Medicale.

‡ See Amer. Journ. Med. Sc. New Series, Oct., 1848, p. 468. From Med. Times.

Thigh,	44 amputations.	34 deaths,	over 3 in 4
Leg,	67 "	42 "	nearly 2 in 3
Foot,	8 "	5 "	over 1 in 2
Shoulder,	7 "	7 "	Total fatality.
Arm,	29 "	17 "	nearly 2 in 3
Fore arm,	10 "	2 "	1 in 5

The events of 1848, when a large number of wounded insurgents were admitted into the St. Louis Hospital, appear to have left M. Malgaigne and his colleague, M. Gosselin, in the same discouragement on the subject of amputations being performed at all; and it seems that he has reached the conclusion that the opinion of military surgeons on the advantage of primary amputations, did not rest upon a very solid basis, and that in the attempt to preserve the limbs of the wounded, the surgeon did not place them in greater hazard than in amputation. It thus happens that after half a century or more of established opinion on this great point, it is now in a state of vacillation, and may possibly return to where Bilguer left it in 1762. If there be any thing intermediate to these two extremes, in its application to the present state of civil surgery in regard to railroad accidents, &c., it is, I repeat, to leave the limb, when it is hopelessly injured, without any other resection, than that of cutting off the dangling part, squaring with a saw the end of the bone, and trusting the rest to nature. In our present limited experience on this subject, I can not say that the proceeding is absolutely recommended; but there are arguments enough to invite a fair trial, and especially in compound fractures of the thigh and of the leg, where danger is so imminent, either in amputating or in trusting to nature entirely.

In conclusion, we would recommend that in the tabular form of hospital reports on the subject of amputation, the time should be regularly marked, whether it be under or above four days. Four days is probably the extremity of time for primary or prompt amputation; after that time nothing should be done for fourteen or twenty days more. Then the time for an amputation ranges for the remainder of the disease. Also, no sound reasoning can be founded upon the aggregation into one sum of all amputations, inasmuch as they vary so much in fatality, de-



pending upon the limb. The thigh, the shoulder and the leg, being the most fatal, should each have its respective consideration. The European reports that I have seen are very defective in these respects, and many of them, which would otherwise have been of value to the American reader, are, for the want of such information, passed over on the present occasion. It would be a great acquisition to the profession generally, if some one there near the seat of information, would go to work and reconstruct all of their statistical tables upon a more exact plan. To say that a patient died after amputation, is to say only one half, there may have been circumstances entirely independent of the original injury and of the amputation which led to death. These circumstances may have been of so serious a character as to destroy, of themselves, the patient; as for example—internal injuries besides external; or internal fatal diseases so far advanced that nothing could cure them, as tubercles of the lungs, brought on by caries of bones or diseases of joints. The *post hoc* is always a different consideration from the *propter hoc*, and in no one affair more than in amputations as a class of surgical affections. Our own general conclusion from what we have seen and learned would be, that amputations in the length of the bones of the upper extremity, anywhere below the shoulder joint, may be performed indiscriminately, either at once or subsequently. Perforations by balls through the elbow and wrist, in their ulterior consequences, involve great hazard to the life of the patient; but some patients recover. It is, perhaps, therefore, better to delay amputation, as there is no immediate danger for the most part. Compound fracture of the thigh is imminently dangerous, either with or without regular amputation. An intermediate plan has therefore been suggested, which, for similar reasons, may be applicable to the leg also, to-wit: the excision of the limb through the ray of attachment, and the simple squaring off of the ragged end of the bone.

*Mortality of Philadelphia for October, November, and December, 1852, arranged from the Record kept at the Health Office.*  
By WILSON JEWELL, M. D.

The returns of deaths made to the Health Office, for the fourth quarter of the year 1852, embrace a period of ninety-one days, or thirteen weeks, beginning with the 3d of October and ending with January 1st, 1853.

The number of deaths from all causes, reported during this period, have been 1158 of children under twenty years of age, and 1930 adults; in all, 2088. This shows a falling off of 635, or 23½ per cent. of the mean proportion of deaths for the three previous quarters of the year.

By deducting the Still-Born, the deaths from External Causes, Debility and Old Age, there are left 1759 deaths from actual disease.

The deaths among females were 922; males 1166; showing an excess of 244 of the latter sex.

During the quarter, estimating the population at 409,000, there has been about 1 death to every 196 inhabitants, equal to 23 deaths per day.

Of the whole number of deaths recorded, 930, nearly 47 per cent. were under five years of age; and 129, or 6 per cent. were over seventy years of age.

The deaths from Fevers were 282; exceeding those in the 1st and 2d quarter, and twice as many as those recorded for the 3d quarter of the year. Three fifths of the deaths from Fevers, or 166, were from Scarlatina.

Consumption of the Lungs constitute a majority of all the deaths from diseases of the Organs of Respiration; 271 out of 466, ascribed to these organs, are charged directly to Consumption; whereas, if we include those from "Abscess, Hemorrhage, and Gangrene of the Lungs," with "Disease of Lungs" and "Hectic Fever," we shall still further swell the deaths from this destroying malady.

Those diseases from which the greatest number of deaths have occurred during the quarter, are, Consumption of the Lungs, 271; Scarlet Fever, 166; Convulsions, 88; Inflammation of the Lungs, 86; Croup, 71; Dysentery, 55; Marasmus, 55; Typhus Fever, 53; amounting in all to 845, and constituting very



nearly the half of all the deaths recorded from actual disease. Of these, 388 or 45 per ct. were in children under 10 years of age.

TABLE No. I.  
Deaths for the Fourth Quarter of 1852, classified.

	October.	November.	December.	MALE.			FEMALE.			Total.
				O.	N.	D.	O.	N.	D.	
1. Endemic and Contagious Diseases.										
Zymotic or Epidemic . . . . .	148	163	195	84	90	97	64	73	98	506
2. Uncertain or general seat. Sporadic diseases . . . . .	70	103	126	37	60	70	33	43	56	299
3. The Nervous System . . . . .	94	87	133	59	54	85	35	33	48	314
4. Organs of Respiration . . . . .	122	157	187	65	88	92	57	69	95	466
5.     "     Circulation . . . . .	17	16	11	9	7	6	8	9	5	44
6. The Digestive Organs . . . . .	36	43	49	23	22	26	13	21	23	128
7. The Urinary Organs . . . . .	2	3	1	2	3	1				6
8. The Organs of Generation . . . . .	1	3	5	1				3	5	9
9.     "     Locomotion . . . . .	3	3	5	2	1	2	1	2	3	11
10. The Integumentary System . . . . .	1	2	1	1	1	1		1		4
11. Old Age . . . . .	9	8	15	4	5	1	5	3	14	32
12. External Causes . . . . .	22	23	25	16	13	19	6	10	6	70
Still Born . . . . .	33	41	56	20	25	35	13	16	21	130
Unknown . . . . .	22	25	22	11	17	11	11	8	11	69
	580	677	831	334	386	446	246	291	385	2088

TABLE No. II.  
1. Endemic and Contagious Diseases—Zymotic or Epidemic.

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Aphthæ . . . . .	1	1	2															2
Cholera Infantum . . . . .	5	4	4	2	3													9
"     Morbus . . . . .	16	8					2		8	5	3	2	2	1	1			24
Croup . . . . .	34	37	12	15	36	7	1											71
Diarrhœa . . . . .	11	17	8	7	2				3			2	4		2			28
Dysentery . . . . .	36	19	5	11	11	4		3	6	5	5	2	2	1				55
Erysipelas . . . . .	6	4	4	1						3		1	1					10
Fever . . . . .	2	5	1					2		1	1	1				1		7
"     Bilious . . . . .	4				1				3									4
"     Congestive . . . . .	2	2			3								1					4
"     Intermittent . . . . .	1					1												1
"     Remittent . . . . .	2	3	1		1		1			1	1							5
"     Scarlet . . . . .	90	76	16	21	76	49	2	1	1									166
"     Synocha . . . . .	1								1									1
"     Typhus . . . . .	22	31			2	1	1	5	17	6	6	10	5					53
"     Typhoid . . . . .	26	15	1	1	4	1	1	5	13	8	5	2		1				41
Hooping Cough . . . . .	2	3	3		2													5
Influenza . . . . .	1	2										1	1	1				3
Measles . . . . .	2	1	2		1													3
Small Pox . . . . .	7	6	4	2	5	1			1									13
Syphilis . . . . .		1								1								1
	271	235	6	60	147	63	8	16	53	30	21	21	16	4	3	1		506

## 2. Uncertain or General Seat.—Sporadic Diseases.

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Abscess Psoas . . .		1								1								1
Angina . . . . .		3	1		1			1										3
Cachexia . . . . .	1	2	1							1	1							3
Cancer . . . . .	1	4								1	1	1	1	1				5
“ Breast . . . . .		1													1			1
“ Throat . . . . .	1								1									1
Cyanosis . . . . .	4	2	4	1	1													6
Debility . . . . .	66	31	38	1	1				2	5	11	6	6	16	9	2		97
Disease of Mesen. Glands		1	1															1
Disease of Throat . .	1												1					1
Dropsy . . . . .	23	14		3	5	1	1	2	2	7	6	2	6	2				37
Fungus Hematodes . .	1											1						1
Gangrene . . . . .	1	3			1							1		1	1			4
Gout in Stomach . . .	1												1					1
Hemorrhage . . . . .	3	5	2						2	2	1			1				8
Inanition . . . . .	8	6	11							1				1		1		14
Inflammation . . . .	1	4		2						1		1		1				5
“ of Neck . . . . .	1		1															1
Malformation . . . .	5	1	5				1											6
Marasmus . . . . .	29	26	27	12	8	1	2	1	1	1				1	1			55
Mortification . . . .		1												1				1
Ptyalism . . . . .		1								1								1
Scirrhus . . . . .		2									1			1				2
Scrofula . . . . .	17	9	3	3	4	2	7	3			2	1	1					26
Tabes Mesenterica . .	3	9	3	1	5		1		1	1								12
Tumours . . . . .		2									1		1					2
“ of Neck . . . . .		1	1															1
Ulceration of Throat .		3	1	1	1													3
	167	132	99	24	27	4	12	7	9	22	24	13	18	25	13	2		299

## 3. Of the Nervous System.

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Abscess of Brain . . .	1							1										1
Apoplexy . . . . .	16	8				1			1	2	4	4	7	5				24
Asthma Thymic . . . .	1		1															1
Cerebral Disease . . .	1											1						1
“ Fever . . . . .	1			1														1
Compression of Brain .	1	1							1		1							2
Concussion “ . . . .	1									1								1
Congestion “ . . . .	12	7	5	1	2	2			2	2			4	1				19
Convulsions . . . . .	57	31	51	16	15	2	1	1		1	1							88
Cramp . . . . .	1			1														1
Disease of Brain . . .	14	9	9	2	3	1	3		1	3				1				23
Dropsy “ . . . . .	19	13	13	8	6	3	1		1									32
Effusion “ . . . . .	10	10	2	2	6	1		1		2	3	3						20
Epilepsy . . . . .	3	3					1		2		1	1		1				6
Hemorrhage from Ear . .		1	1															1
Inflammation of Brain .	27	18	9	5	15	3	1	3	5	3	1							45
Injury of Brain . . . .	1														1			1
Mania . . . . .		2							1	1								2
“ a potu . . . . .	12	3								6	4	4		1				15
Neuralgia . . . . .	1												1					1
Palsy . . . . .	9	8	1			1			2		1	2	4	4	2			17
Softening of Brain . .	7	1			1				1	2	3	1						8
Tetanus . . . . .	2	1				1			1			1						3
Trismus . . . . .	1		1															1
	981	116	93	36	48	15	7	6	18	23	19	17	16	13	3			314



4. *Organs of Respiration.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Abscess of Lungs . . .	3	1						2		1		1						4
Asthma . . .	1	1		1										1				2
Congestion of Lungs . .	4	9	6	1	1	1	1	1	1				2					13
Consumption " . . .	134	137	5	7	3	6	4	19	80	57	39	33	11	7				271
" Laryngeal . . .		1										1						1
Disease of Lungs . . .	4	1	1			1		1	1		1							5
" Chest . . .	3	1	1	1	1							1						4
Dropsy of Chest . . .	3	2		2						1	1		1					5
Effusion " . . .	2	1		1		1								1				3
" Lungs . . .	1	1										1			1			2
Fever, Hectic . . .	1				1													1
Gangrene of Lungs . . .	1												1					1
Hemorrhage " . . .	4	3							3	1	2	1						7
Inflammation of Bronchiæ .	23	18	24	3	4	3	1		2	2			1	1				41
" Chest . . .	4		1	1	2													4
" Larynx . . .	3	4	1		4	1			1									7
" Lungs . . .	50	36	17	12	10	2	2	3	16	3	8	5	5	1	2			86
" Pleura . . .		2				1				1								2
" Throat . . .	1	1		1		1												2
Tuberculosis . . .	3	2	1	1					3									5
	245	122	57	30	26	16	9	26	107	66	51	43	21	11	3			466

5. *Organs of Circulation.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Anæmia . . .	1	1	1							1								2
Angina Pectoris . . .		1												1				1
Aneurism of Aorta . . .	2										2							2
Disease of Heart . . .	15	13	3		1	3		2	3	1	5	4	4	2				28
Dropsy " . . .	1								1									1
Effusion " . . .	1													1				1
Enlargement of Heart . .		2						1	1	1								2
Inflammation " . . .	1	4		1			1		1	1		1						5
Malformation " . . .	1	1	1	1														2
	22	22	5	2	1	3	1	3	5	4	7	5	4	4				44

## 6. Digestive Organs.

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Abdominal Dropsy . . .	7	3							1		2	3	2	2				10
Abscess of Liver . . .	2	1			1				1		1							3
“ of Stomach . . .	1											1						1
Cancer of “ . . .	1	1								1	1							2
Cancrum Oris . . .	3	4	2		5													7
Cirrhosis of Liver . . .		1							1									1
Disease of Bowels . . .	1	3	3											1				4
“ Liver . . .	3	3						1	1	2	1			1				6
“ Stomach . . .		2								1				1				2
Dyspepsia . . .	1											1						1
Hemorrhage of Bowels . . .	2	1					1		2									3
“ Stomach . . .	1	2	1							1			1					3
Hernia, strangulated . . .		1										1						1
Inflam. of Liver . . .	3	3							1	1	1	1	2					6
“ Peritoneum . . .	7	6	1		1				5	4			1		1			13
“ Pharynx . . .	1		1															1
“ Stomach . . .		2								1			1					2
Inflam. Stomach & Bowels . . .	32	16	8	2	5	5	1	2	4	7	6	5	1	2				48
Jaundice . . .	2	2	2							1			1					4
Obstruction of Bowels . . .	1	1								1		1						2
Perforation of Bowels . . .		1									1							1
Stricture of Colon . . .	1												1					1
Teething . . .	1	1	1	1														2
Ulceration of Bowels . . .	1	2							2				1					3
Worms . . .		1			1													1
	71	57	19	3	12	6	2	3	18	20	13	13	11	7	1			128

## 7. The Urinary Organs.

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Disease of Kidneys . . .	2								1	1								2
“ “ and Bladder . . .	1													1				1
Inflam. of Bladder . . .	1														1			1
“ of Kidneys . . .	1				1													1
Urinary Calculus . . .	1												1					1
	6					1			1	1			1	1	1			6



8. *Organs of Generation.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Enlargemt. Prostate Gland	1									1								1
Puerperal Fever . .		3							2	1								3
“ Inflam. . .		1								1								1
Hemorrhage from Uterus		1							1									1
Inflammation “		1								1								1
Cancer of Uterus . .		1									1							1
Phlegmasia Dolens .		1							1									1
	1	8							4	4	1							9

9. *Organs of Locomotion.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Caries . . . .	1	1																2
Hip Disease . . .	1	1			1				1		1							2
Disease of Spine . .		1								1								1
“ Leg . . . .	1							1										1
Cancer “ . . . .		1								1								1
Fracture of Spine .	1								1									1
Atrophy Spinal Marrow	1											1						1
Rheumatism . . .		1												1				1
Spina Bifida . . .		1	1															1
	5	6	1		1			1	2	2	1	1	1	1				11

10. *The Integumentary System.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Purpura Hemorrhagica	3	1	1	1	1				1									4

11. *Old Age.*

Old Age . . . .	10	22												3	9	12	6	2	32
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## 12. From External Causes.

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Asphyxia . . .	5	5	8	2														10
Burns and Scalds . . .	4	6	1	3	3	2				1								10
Casualties . . .	18	4	5		1	1			4	3	3	5						22
Drowned . . .	9	2				1	1	2	2	3	1	1						11
Intemperance . . .	5	2							1	2	3	1						7
Suffocation . . .	2	3	2							1			2					5
Suicide . . .	3									1	2							3
Violence . . .	1							1										1
Exposure . . .	1									1								1
	48	22	16	5	4	4	1	3	7	12	9	7	2					70
Unknown . . .	39	30	20	4	3		1	1	4	10	6	7	6	4		3		69
Still Born . . .	80	50	130															130

TABLE NO. 3.

*Deaths for the Fourth quarter, at fifteen distinct periods of life.*

Under 1 year,	. . . . .	374
1 to 2	. . . . .	165
2 to 5	. . . . .	270
5 to 10	. . . . .	112
10 to 15	. . . . .	41
15 to 20	. . . . .	66
20 to 30	. . . . .	229
30 to 40	. . . . .	194
40 to 50	. . . . .	152
50 to 60	. . . . .	127
60 to 70	. . . . .	99
70 to 80	. . . . .	79
80 to 90	. . . . .	36
90 to 100	. . . . .	12
100 to 110	. . . . .	2
		<hr/>
		1958
Still Born . . . . .		130
		<hr/>
Total,		2088

Included in the above Tables, were 193 from the Blockley Almshouse; 171 people of color, and 18 from the country; as follows:

	Almshouse.	Blacks.	Country.
October, . . . . .	42	48	9
November, . . . . .	66	58	5
December, . . . . .	85	65	4
	<hr/>	<hr/>	<hr/>
Total,	193	171	18



## SUMMARY FOR THE WHOLE YEAR.

The quarterly tables presented in this Journal for the year 1852, exhibit, in those marked No. 1, the number of deaths, with their causes, for each month, grouped or classified in accordance with the system approved by the American Medical Association: They also furnish the sexes in which the deaths took place.

The tables marked No. 2, show in their classified relations, not only the number of deaths, but the names of the diseases causing death, as given in the certificates returned to the Board of Health. They are arranged under fifteen distinct periods of life.

The tables, No. 3, furnish the aggregate of deaths at fifteen distinct periods of life.

There are also appended, the deaths which took place during each quarterly period, at the Blockley Almshouse; the number of deaths among the colored population, as well as the number brought from the country to be interred in the city.

The following table exhibits the deaths for the year 1852, in each sex, under the several classes of disease:

	Male.	Female.	Total.
1. <i>Endemic and Contagious diseases.</i> } . . .	1398	1387	2785
2. <i>Uncertain or General seat.</i> . . . .			
Sporadic diseases, . . . . .	698	575	1273
4. The Nervous System, . . . . .	957	712	1669
3. Organs of Respiration, . . . . .	1147	1025	2172
5. " " Circulation, . . . . .	114	105	219
6. Digestive Organs, . . . . .	313	314	627
7. Urinary Organs, . . . . .	28	4	32
8. Generative Organs, . . . . .	8	104	112
9. Locomotive Organs, . . . . .	26	20	46
10. Integumentary System, . . . . .	9	9	18
11. Old Age, . . . . .	57	135	192
12. External Causes, . . . . .	240	82	322
Still Born, . . . . .	293	223	516
Unknown, . . . . .	149	126	275
	5437	4821	10258

In accordance with these tables, the aggregate of deaths from all causes for the year was 10,258, an excess of 1387, or

13 per cent. over those for 1851. This aggregate furnishes one death to every 39 8-10ths of a population of 409,000.

Included in the above total were 913 from the Blockley almshouse, 832 blacks and 108 from the country, in all 1853.

The highest number of deaths in any one month, occurred in January, amounting to 1037, making  $33\frac{1}{2}$  deaths per day. The lowest number was in October, viz. 580; equal to  $18\frac{3}{4}$  deaths per day. The mean number of deaths per day, throughout the year was 28.

Of the whole number of deaths, 5049, or 49 per cent., were among children under five years of age. Of this great excess of mortality in infancy, 2800, or  $27\frac{1}{2}$  per cent. occurred before the termination of the first year of life. In this calculation we have included the "still-born," which amounted to 516. How many of these were premature, or how many had reached the full period of gestation, we have no means of ascertaining. This information would be valuable in order to show the risks of life encountered during the eventful period of parturition.

Of the deaths from all causes, exclusive of still-born, 590, or 6 per cent., were beyond 70 years of age. Of these, 188 were over 80; 38 were over 90, and 7 were between 100 and 110 years of age.

The most prevalent diseases in the community, and the number of deaths therefrom during the year, have been as follows: Consumption of the Lungs, 1204; Dysentery, 558; Convulsions, 499; Inflammation of the Lungs, 444; Scarlet Fever, 433; Small Pox, 426; Marasmus, 354; Debility, 345; Cholera Infantum, 329; Inflammation of the Brain, 258; Dropsy of the Brain, 247; Inflammation of the Bronchiæ, 208; Croup, 208. In all, 5513, constituting a majority of the whole number of deaths recorded.

In the aggregate of deaths we find the preponderance on the side of the males. While those among females amounted to 4821, the male deaths were 5437, an excess of 616, or about 13 per cent., over the females.

Among the "Still-Born" the excess was 30 per cent. on the side of the males. From "External Causes," there were three



males to one female. While among the deaths from "Old Age" there were two females to one male.

The diseases under the head of Zymotic, have contributed a very large proportion towards making up the deaths for the year, viz. 2785, or  $28\frac{1}{2}$  per cent. of the whole number. The Sporadic diseases caused about 13 per cent. The diseases of the Nervous System have contributed 1669, or 17 per cent. Those of the Organs of Respiration 2172, or nearly 22 per ct. These calculations do not include the "Still-Born, 516."

The deaths, specified in the record as Consumption of the Lungs, number 1204: this gives one out of every  $8\frac{1}{2}$  deaths during the year, or nearly 12 per cent. There is an increase of mortality from this disease over the year 1851, of 35 per cent. The deaths from Consumption for 1852, to population, is as one to  $90\frac{1}{2}$ .

The following table presents a comparison between the diseases which have been most fatal, hence most prevalent, for five consecutive years:

	1848	1849	1850	1851	1852
Cholera Infantum, . . . . .	454	582	505	397	329
Consumption of the Lungs, . . . . .	965	939	907	881	1204
Congestion of the Brain, . . . . .	85	91	97	130	120
Convulsions, . . . . .	401	415	444	479	499
Croup, . . . . .	177	130	143	180	208
Debility, . . . . .	145	200	201	260	345
Diarrhœa, . . . . .	122	225	208	157	156
Dropsy of the Brain, . . . . .	220	237	283	245	247
Dysentery, . . . . .	315	578	421	401	558
Scarlet Fever, . . . . .	172	242	439	400	433
Inflammation of the Brain, . . . . .	186	198	218	202	258
"    "    Bronchiæ, . . . . .	172	169	191	175	208
"    "    Lungs, . . . . .	265	273	352	352	444
Marasmus, . . . . .	237	264	217	255	354
Old Age, . . . . .	188	226	185	186	192
Small Pox, . . . . .	100	152	40	216	426

## CLINICAL REPORTS.

*Pennsylvania College, Ninth below Locust street. Service of  
Professor GILBERT.*

Reported by W. H. GOBRECHT, M. D.

*Dec. 22d.* George W. S——, (Case L.) *Varus of both feet*, exhibited, apparatus removed, and re-applied. The feet show a much less decided tendency to their abnormal position than at the last dressing.

Anna J. S——, (Case XLIX, *Operation for effects of Burn*,) reported progressing as favorably as possible under the unfavorable influenza complication.

*Dec. 29th.* John P——, (Case XXVII,) *Tenotomy*.—The arm and hand are found nearly in a straight line, without any tendency to a return to the abnormal position. The splint is ordered to be entirely dispensed with, and the use of the fingers and wrist restored by passive motion. The wrist is found much enlarged in its antero-posterior diameter. This results from a change in the form of the carpal bones, the effect of the anterior muscular contraction, which withdrew them from their normal location, subjecting them to such alteration. As a consequence of this alteration in the configuration of the carpus, when restored to its proper situation, some deformity must exist, but which in such a youthful subject disappears by the progress of growth.

The case should be occasionally looked to, and if any tendency to the old deformity re-appears, the splint should be again resorted to.

CASE LIII. *Chronic Pharyngitis*.—Michael K——, aged 39. Marble polisher. (Was a soldier in the Mexican War.)

This patient complains of pain in the throat, which is dry, whilst he is quite hoarse. An elongation of the uvula which existed was snipped off by his previous attendant. Whilst in Mexico he had obstinate Diarrhoea, and has had Dyspepsia for a long time. On examination of the throat, chronic inflammation of the mucous membrane of the pharynx is found to exist, which inflammation has extended into the larynx.



Prof. Gilbert states that he has seen and treated very many cases of this kind, occurring in clergymen and theological students, and has always found that there is accompanying gastric disturbance; he therefore administers remedies addressed to the stomach, as, one-fourth of a grain of Nitrate of Silver, thrice daily for several months. This treatment is then replaced by Sulphate of Copper, Sulphate of Zinc, and Iodide of Potassium, successively, in alternate doses, after which the Nitrate of Silver is again resorted to. The patient is ordered:

R. Argenti nitrat. gr. x.  
Mic. panis q. s.  
M. ft. in pil. No. XL.  
S. One thrice daily.

When the stomach has its proper tone restored, the throat will return to its normal state.

The diet should be farinaceous, with milk, and is to be taken in moderate quantities at regular periods.

Moderate exercise should be resorted to in good weather.

CASE LIV. *Contusion of Right Shoulder*.—Justus S—, aged one year. This patient was sent to us under the belief that the injury was a luxation of the humerus, but examination, notwithstanding considerable swelling exists, proves that the bones occupy their proper relative positions; whilst the inability to elevate the arm, results from severe contusion of the deltoid, which is painful on pressure. The following liniment was ordered to be rubbed twice daily upon the contused parts:

R. Linamenti Ammoniae f̄ij.  
Tinct. Opii f̄ss.

and a bandage applied to restrain motion of the arm.

Jan. 5th, 1853. The tumefaction has subsided and luxation is proved not to have existed.

CASE LV. *Varicose Ulcer*.—Michael N—, aged 48. This patient has an ulcer on the anterior part of right leg, above the ankle, of long standing, resulting from varicose veins in that limb.

In any case, so long as this condition of the veins, which are both enlarged in calibre and thickened in their coats, exists, no cure of the ulcer can be effected; and should we find, as we most frequently

do, that the elastic laced stocking fails to support the vascular walls, or to prevent their rupture, we must employ some method to prevent the return of blood through the superficial veins, and change its direction into a deeper channel. To do this, *caustic* has been applied to the principal venous trunk; the *ligature* has also been employed, but the best plan is to pass a pin beneath the principal vein, and then to apply a figure of eight ligature about its projecting extremities; the pressure thus produced on the sides of the tube shuts off entirely all communication of the lower with its upper portion, and the pin, if allowed to remain, will cut itself out, thus completely dividing the vessel; but the establishment of inflammation usually effects obliteration of veins, and this is sufficient. A needle was then passed beneath the internal Saphenous vein of the right side, just above the knee, by pinching up the skin and superficial fascia containing it, and introducing the instrument from before, backward, close to the posterior wall of the vessel. The ligature was then applied. Dressed with an adhesive strip.

5th. The needle still remains, the veins have much diminished in calibre, the ulcer is moist with pus, and the edges are cicatrizing.

8th. Needle removed to day, and the following application ordered for the ulcer:

R. Cretæ. ppt. ʒij.

Cerat. simp. ʒi.

M. ft. in ung.

S. As directed.

The ulcer is still improving, granulations are abundant, and cicatrization progressing. The varicose veins have disappeared entirely. In these cases the blood returns through the deep seated veins.

CASE LVI. *Result of lacerated wounds, with comminution of bones of foot.*—Jacob B——, aged 23, about five years since, had his left foot caught and crushed between two canal boats; there was bad compound fracture of the metatarsus, and extensive laceration of the soft parts. With great care, however, the foot was saved, but there has been a loss of much of the soft tissues in the sole, whilst the breadth of the foot is diminished. Since the period



of primary cure, some exfoliations of the metatarsal bones have occurred—two or three orifices now existing in the outer part of the plantar aspect of the foot, communicating with the metatarsus, which lies immediately beneath the integument. The foot, however, whose articulation with the leg is perfect, will doubtless become much more useful than any artificial limb could be, for by adapting to the sole an elastic air or other cushion, pressure upon the bones will be obviated, and thus repeated ulcerations prevented. Prof. Gilbert stated that this patient was treated originally by his friend Dr. Case, of Liverpool, Pa., whose efforts to save the foot have been eminently successful.

*Jan. 5th, 1853. CASE LVII. Paralysis of right side of face.*  
—This patient, a colored man, states that he had Mumps, and a resulting abscess was lanced, since which time his right 'eye has remained constantly open, and none of the muscles of that side of the face, which is perfectly flat, move at all, neither is there much feeling about it. The *portio dura*, (the nerve of motion of the face,) has evidently been divided in this operation, and hence the paralysis. Whilst no treatment will be available, no danger is to be apprehended from this condition of things.

*CASE LVIII. Tumor of left Cheek.* Eliza D——, aged 20. This enlargement in the substance of the left cheek was first noticed about four weeks ago, since which time it has gradually increased; it is quite moveable, having contracted no adhesions with the surrounding structures. On examining the teeth, two in the lower jaw, immediately opposite the tumor, were found decayed; believing that this tumor arose from inflammation at the roots of these teeth, resulting in the formation of pus, and an attempt at the establishment of a *sinus*, for its escape from the alveoli, the decayed fangs were extracted, and Tincture of Iodine painted over the surface of the enlargement. The patient is now brought forward, to show the diminution of the external swelling, both from the establishment of a proper outlet within, for the pus formed, and the absorption of the effused lymph as a result of the Iodine application. If the progress of this case had not been thus arrested, an opening for the discharge of the abscess would have been formed in the lower border of the cheek, and



this would have become fistulous, with continued discharge of pus from the diseased fangs and alveoli.

*Contusion of Hip.* Salone T—, (Case XLVIII.) In this case the bandages have been entirely removed, all tenderness of the joint has subsided, and the patient walks perfectly well, devoid of any lameness. The most important element in the treatment of all articular affections, viz., rest, in this case, by means of the immoveable dressing, has been the efficient means by which this successful result has been attained.

CASE LIX. *Tinnitus Aurium.* James R—, aged 35, states that about three years since he first noticed a constant noise in the left ear like the blowing off of steam, which has existed ever since, with more or less intensity. It was supposed to arise from a severe cold, which he had contracted at that time. Prof. Gilbert mentions an instance of the same symptom following concussion of the brain, in a case treated by him recently. It is probable that in this instance inflammation of the external ear has extended itself through the internal ear to the membranes at the base of the brain.

Creasote, as a counter-irritant, was painted freely over the mastoid process of the temporal bone, and Calomel, 10 grains, prescribed, to be followed in two hours by Magnesia, a drachm.

Jan. 8th. Not much relieved. (This patient works in a factory as a weaver, where there is a constantly aggravating noise around him.) Creasote re-applied, and another purge prescribed.

CASE LX.—*Dislocation of right thumb.* William A—, aged 26, presents himself with a dislocation of the right thumb into the palm at the metacarpo-phalangeal articulation, occurring eighteen days since, during which time two unsuccessful attempts have, been made for its reduction. The patient being seated, the clove hitch was applied to the first phalanx of the thumb, for extension, whilst the arm, semi-flexed, was grasped above the elbow, for counter-extension; the external lateral ligament of the affected joint was then divided by Hypodermatomy, and the proper forces steadily and perseveringly applied by means of the hands of assistants, without much effect. The *twisted* rope was then attached

to the clove-hitch, whilst the arm was secured by a folded sheet to a fixed point, and the forces re-applied with greater intensity, when, but little benefit following, the internal lateral ligament was divided, and then the thumb was brought very nearly, but not altogether, into its proper position.

At this time it was deemed advisable to make no further efforts at the reduction. A splint was applied and the cold water dressing ordered.

CASE LXI.—*Convergent Strabismus* of right eye, in Elizabeth B——, aged 20, was operated upon, with perfect relief resulting. The deformity in this case was unusually great. Section of the tendon of the internal rectus, with the intermuscular fascia above and below it, was sufficient without interfering with any of the adjoining tendons.

The success of this operation depends upon the complete division of the tendon. Sometimes the blunt hook slips between the longitudinal fibres, and these, when undivided, if ever so small, will prevent the eye from returning to its normal position. There is very little after treatment necessary. The eye need not be covered; if painful apply cold water.

CASE LXII.—*Congenital, oblique inguinal Hernia*, occurring in Thomas H——, aged 8 years, was exhibited, and Hull's truss applied. In these cases there is no proper hernial sac, but the intestines pass down into the cavity of the tunica vaginalis testis which is continuous with the general peritoneal cavity, the continued existence of the hernia having prevented the early obliteration of the peritoneal canal connecting them.

*Jan. 8th. Abscess beneath fascia lata of left thigh, (Case XLV.)* This patient, Ellen C——, has walked imperfectly for several weeks past, complaining, however, of no pain. A superficial ulcer has appeared near the opening of the abscess, and one or two elsewhere, evidently strumous in character. She is ordered good and nutritious diet, fresh air, daily ablution with warm water and friction with a coarse towel; also,

R. Liq. Iodinii comp. (Lugol's sol.)

S. gtt. vj. thrice daily.



CASE LXIII.—*Congenital varus, right foot*, in Robert C——. aged 1 month, to be operated for on 12th inst.

The subject of the Etiology of Varus is interesting, as it is involved in doubt. Under it we have to consider the question of *Hereditary transmission*, as well as *the influence of the mother's mind during gestation*. Upon these points many confirmatory facts are adduced, which have undoubted weight, although authors generally stand aloof from a participation in their consideration. But however we may view this matter in the present case, it is stated that the child's grandmother on the mother's side had club-foot, and that the father, (Case LXVII.) often during the last three years, had violent cramps in the right leg, which the mother (being pregnant) held and rubbed, frequently much frightened by their great violence.

Such facts are being made known to us constantly, and if they have no participation in the production of club foot they certainly form with it very singular coincidences.

12th. The operation for subcutaneous section of the tendo Achillis was performed in the usual manner, and Prof. Gilbert's apparatus applied.

15th. The puncture in the integument is found closed, the tendon elongated, and the foot very nearly in its normal position.

CASE LXIV.—*Ptosis*. Robert R——, aged 37. This patient has Ptosis, or falling, in his case, of *both* upper eyelids, the effect of a blow which occurred seven years ago, by the falling of a piece of timber, weighing about a hundred pounds, from a height of some eight feet, striking the upper and back part of the head in the median line, cutting the scalp and felling him, upon which the patient arose at once, but immediately fell again, being insensible for some time thereafter. He states that no especial treatment was resorted too, so that concussion, most probably, existed only in the first and second stages, the third or Inflammatory stage not supervening.

In about a year from this accident the Ptosis appeared. On examining the point of injury in the cranium, we discover a slight depression. It is possible that this affection may be the remote result of *contre coup*, or that there may have been a portion of the inner table of the skull detached, (since the patient often



perceived a sensation as of a loose foreign body beneath the injured point,) effecting this change by producing remotely a paralysis of the nerve supplying the levator palpebræ.

In some instances, Ptosis results from disorder of the digestive functions, and is removed by abstracting the cause. This condition is not found here. In this patient the relief of the affection would be obtained by removing an elliptical portion of the integument of the upper lid, and then bringing the lips of the wound together by the twisted suture; in this manner the occipito-frontalis would be made to act more directly upon the lid and perform the function of the paralyzed muscle, which indeed it does to a great extent at the present time. But as the ptosis, in this instance is so slight, the patient seeing quite well by throwing the head a little backward, the operation is not recommended unless it should become worse.

*Jan. 12th. CASE LXV. Enlarged Lymphatic Glands.*—Amanda M——, aged 25, of scrofulous diathesis, is shown to have enlarged lymphatic glands on the left side of the neck. For which the external application and internal administration of Iodine is directed.

19th. Improving.

*CASE LXVI.—Sinus in Left Cheek.*—Delia M——, aged 20. This patient has a sinus in the left cheek, whose external opening, through a fungus excrescence, is found at the middle of the left side of the base of the lower jaw, the result of an abscess which formed here a short time since. On examination of the mouth, a decayed fang of the first molar is found in the lower jaw, which has doubtless been the origin of the succeeding affection. Inflammation has been set up at its apex, and suppuration following, the pus has forced a passage through the alveoli, formed an abscess in the cheek, and discharged externally. As long, therefore, as the fang plugs up the socket, this fistula will remain, whilst adhesions will be contracted between the now consolidated integument and the bone, demanding at length a more extensive operation than mere extraction of the offending fang, which is always necessary, viz: extirpation of the fistulous tract.

The fang was then removed, and a poultice ordered to the external orifice of the sinus.

19th. Inflammation in the sinus is much diminished, and the case is progressing favorably.

*Jan. 15th. CASE LXVII. Spinal Irritation.*—Robert C—, aged 32. Carpet weaver. Some three years and a half since, this patient was first troubled with convulsive motions of his right leg, which gradually increased in intensity until about six months after their commencement, when he had cramps in both legs, which finally became general, almost amounting to a convulsion. Such attacks as these have recurred at uncertain intervals, of two, four or six weeks, up to this time. Edema of the right leg exists to some extent: the appetite is good, and the action of the bowels normal. The patient is slowly emaciating, although the spasmodic attacks are not increased in frequency.

Pressure over the spine in the lumbar region produces decided pain in the right knee and thigh, from which we infer that the convulsive movements are dependent upon chronic inflammation of the meninges of the spinal cord, the nerves being unduly compressed at their exit from the canal. From the long standing of this case the best counter-irritant will be a Seton placed in the lumbar region. This was accordingly introduced by plunging a common straight bistoury through the base of a fold of integument raised up on the right side of the spinous processes, and the passage of a tape by means of an eyed probe. Iodide of Potassium, in 5 grain doses, which the patient has been using, it is thought proper to continue. Comparative rest is also desirable.

In regard to the amount of pain developed by pressure on the vertebral column in spinal irritation, it may be stated that in females the spine being more yielding than in males, the bones are made to act more readily upon the cord and its nerves, in the former than in the latter case, and pain in proportion to the flexibility of the column would result.

*CASE LXVIII. Medullary Fungus.*—James McC—, aged 60. A scirrhus lump existed in the lower lip of this patient, noticed first as a small desquamating surface, and from this pro-

gressing to a tumor of an inconvenient size ; twelve months since it was removed, and about six months after the operation the glands at the base of the jaw, on the right side and in the throat, enlarged and eventually ulcerated, presenting the unfavorable appearance now exposed. The cachectic look of the patient, his advanced age, the rapid growth of the tumors, the extended ulcerating and fungous surface, the firm base of the diseased mass attached to the bone and tissues, and the persistent pain, forbid any idea of relief by operative means. In such a malignant disease as this with which we are called to contend, palliatives are our only measures.

There is therefore prescribed as a local appliance,

R.	Acidi Arseniosi,	gr. iv.
	Pulv. Opii,	gr. xii.
	Zinci Oxidi,	ʒss.
	Cerat. Simp.	ʒii.

M. ft. in ung.

S. Apply twice daily.

Bowels to be kept open and nutritious food eaten.

This case is precisely similar to Case LI, Mr. G——, except that it is further advanced, having reached the ulcerative stage.

CASE LXIX. *Strabismus* —James C——, aged 27. Has convergent strabismus of the left eye, which is non-congenital, but has existed as long as he can remember, and is extreme in its degree. The operation was performed in the usual manner, and the tendon of the internal rectus muscle *entirely* divided ; notwithstanding this, however, the parallelism of the globes was not *quite* restored. It is directed, in order to establish their proper relation, that the sound eye be closed, and the affected eye alone used for a time ; thus a habit of turning it outward will be established, and the proper tone of the external rectus restored ; then the eyes will, it is hoped, be found to have regained their parallelism.

No external applications made ; cold water directed only, if inflammation be set up, or a tendency thereto is shewn.



Jan. 19th. CASE LXX. *Cleft Palate*.—Deformities of this kind depend upon *arrest of development* during intra-uterine existence, and may arise from imperfection in the elaboration of the male semen or in the formation of the ovum, from deficiency in the structure of the maternal organs, or accidents during gestation. The body being formed of symmetrical halves, an arrest of their union in the median line, or an imperfect development of either half, and other changes, may result in a great number of congenerous deformities, as spina bifida, hare lip, and other fissures. There may be deficiency of the extremities, or adhesion of the lower limbs throughout their entire length, (as seen in a specimen in the College Museum,) there may be closure of the orifices of the rectum, vagina, etc. These affections, as before stated, are the result of a want of the proper *development* which should occur during *intra-uterine* life; *growth* being the *extra-uterine* condition in life.

This patient, Jacob M——, aged 11, has a cleft in the soft palate principally; the posterior part of the bony arch only being affected; the uvula is divided in the mesial line, the lateral halves being perfect.

If this patient was old enough to co-operate with us in the treatment, we might pare the edges (of the lateral halves of the uvula) which present to the median line, and bring them in apposition by ligatures; but so much is dependent on the quietude of the patient, and his just conception of the importance of the operation and its results, as a guide to his conduct, that we shall not recommend any decided measure until he has attained a greater age.

CASE LXXI. *Eczema*.—John McI——, aged 10. This disease made its appearance some four years since, the eruption now existing principally about the nates and posterior part of the thighs. No previous treatment has had much control over it.

Ordered,

R. Liq. Arsenici et Hydrargyri Iodidi.

S. Three drops, thrice daily.

And R. Ung. Picis Liquidæ.

S. Apply to eruption daily.

CASE LXXII. *Double Cataract.* Margaret G——, aged 59.

Patient states that about nine years since, the sight in the right eye failed somewhat, and double vision followed. Strong applications were made to the part; violent inflammation followed, and vision failed still further. This was lost first in the upper, and then in the outer part of the eye, and objects at first seen double were now tripled. Sight was then lost, in this, and soon the left eye became similarly affected. She can now distinguish the light of the sun and that of candles.

The left eye is chosen for operation.

From the history of this case it would seem that an inflammatory condition of the eye is liable to be set up by any irritating cause, more readily than is usual. The color of the cataract is dark grey, so that we shall probably find it fluid or soft, and this must be discharged into the anterior chamber.

The eye is of good form, however, and we shall use a very *fine* straight needle; the patient has also been purged gently as a preparative; by these means we hope to obviate any inflammatory accession.

*Sclerotonyxis* was then performed with a fine straight needle, nearly in the axis of the ball on the outside, and one and a half lines posterior to the corneal margin. Rather more external hæmorrhage than is usual followed the puncture; the cataract was found soft, and was broken up and dispersed with but little difficulty.

Prof. Gilbert states, that in persons of this age, we expect to succeed in four out of five cases, whilst in young subjects we succeed in nineteen out of twenty. A favorable result has followed the operation, in his hands, in several cases over the 75th year.



BIBLIOGRAPHICAL NOTICES.

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*Report of the Select Committee of the House of Representatives to whom was referred the memorial of Dr. WM. T. G. MORTON, asking remuneration from Congress for the discovery of the anæsthetic or pain-subduing properties of Sulphuric Ether. Dr. WM. H. BISSELL, of Illinois, Chairman.*

This is the report agreed upon by the committee above named, and which is now published, in advance of its presentation, with the attest of the Clerk of the House, dated June 28, 1852. It fully recognizes and endorses the claim of Dr. Morton, and is accompanied by an act granting to him the sum of \$100,000, on condition that he surrenders all right and title to the patent heretofore issued to him. The report is able and learned, covering the whole field of controversy between Dr. Morton on the one hand, and Drs. Jackson and Wells on the other. In its general conclusions we are disposed to coincide. It fully makes out the case of Dr. M. as against his rival claimants, placing Dr. Jackson in the unenviable position of claiming the credit of an improvement which he certainly did not make, and in the responsibility of which he seemed by no means anxious to be involved at the time. We cannot add, however, that it so fully makes out Dr. M.'s case in his own behalf. We are willing to give him all the credit he really deserves, and we have no objection that Congress shall allow him the sum named. But we cannot agree that Dr. M. has made altogether such a discovery as the Committee report, or that to him *alone* is due the credit of introducing anæsthesia in surgery.

It does not appear, even by the showing of this report, that Dr. M. did in reality *discover* the pain-subduing power of ether, as stated in his memorial. That was pretty well known before, as the facts cited by the committee sufficiently prove. Dr. M. confesses that it was from Dr. Jackson that he learned the local anæsthetic effect of ether as applied to a painful tooth,—an observation by no means original with Dr. J., although he seems to have thought so. Many similar applications of it had been suggested. Among others that seem to be overlooked, Mr. Hugh



Neill of Liverpool had previously recommended the injection of vapor of ether into the Eustachian tube in painful affections of the internal ear, with a distinct recognition of its local anodyne power. Neither was the idea of producing general anæsthesia by inhalation of narcotic vapor original with Dr. M. He had witnessed the unsuccessful attempts of his former partner, Dr. Horace Wells, to produce it by nitrous oxide gas. The transition to sulphuric ether was obvious. The merest tyro in chemistry has, for these many years, known how similar are the effects of vapor of ether and nitrous oxide when inhaled. Both had been taken thousands of times to the extent of intoxication, and the result seen to be almost identical. Thus it appears that Dr. Marcy, of Hartford, suggested to Dr. Wells in 1844, to substitute the ether in his experiments, which he did in one instance with entire success. Dr. Morton has given a long account of the steps by which he arrived at his conclusions, showing that his difficulty arose in the outset from his ignorance of facts well known to others at the time. His merit consists simply in his having first had the courage and directness to settle conclusively by a practical test what with others had been only a suggestion or proposition. For this he certainly deserves praise, and we are not disposed to withhold it from him. What he really did discover was not the anæsthetic power of ether, but the fact that it may be given with safety to the extent requisite for annulling pain in surgical operations. Were he to claim no more than this, we imagine that his right would be generally admitted at once; and the improvement is such, that we think even an ambitious man, as Dr. M. expressly states himself to be, might be satisfied with the credit arising from it.

Much of Dr. M.'s difficulty seems also to have arisen from the spirit in which he prosecuted his inquiries. Had he consulted any competent chemist frankly, he could have learned all that he needed about sulphuric ether at one interview. Had he sought the advice of any skilful physician, he could have been enlightened readily with regard to the probable effects of his proposed experiment, and the means of guarding against any ill consequences. But, instead of this, we find him, by his own statement, cautiously propounding guarded questions concerning ether to scientific persons—stealthily picking up odd scraps of information—

trembling lest others might divine his object in catechizing them—sending his “four-ounce-phial” first to one and then to another apothecary—afraid to take the means necessary to secure him good ether, and altogether displaying an extraordinary degree of suspicion as to the honesty and honor of his neighbors. No sooner had the surgeons of Boston used the mysterious fluid which he brought with him to the Hospital, and demonstrated that it could be employed with safety, than he commenced steps for procuring a patent. The fluid itself was called Letheon, and the style of its announcement was such as to lead the profession to believe that Dr. M. had discovered *a new substance* with these extraordinary powers. Let any one recur to the journals of the day, and he cannot resist the conviction that such impression was produced *intentionally*. Now, in this business, as well as in that of the patent, there was a degree of quackery which has always rendered us indifferent as to whether Dr. M. succeeded in establishing his claim or not. It is true, his patent has turned out valueless. As Mr. Borland remarked in the debate upon this subject in the Senate, August 28th, 1852, “his patent, so far as the legal remedy extends, is worthless to him, although he has the legal right.” And why worthless? Simply because the claim of exclusive right in such a case is absurd on the face of it. Mr. Smith, of Connecticut, took the true position, when he argued in the Senate that “this was not a patentable discovery.” We can readily understand the issue of a patent for any new instrument or any process of art. But a patent for the exclusive use of any particular property of a given substance is beyond our comprehension. Suppose the first individual who discovered that a glass rod was rendered electric by rubbing with silk, had taken out a patent for the exclusive use of electricity. Would the deputy-marshal of the United States be called upon to apprehend and lead before the magistrate every man who rubbed a glass rod with a silk-handkerchief and therewith attracted bits of paper? If Dr. Franklin had taken out letters patent for the exclusive right to attract lightning from the clouds—supposing such an event possible,—would the authorities be obliged to scour the commons and confiscate every boy’s kite? The philosopher might have patented his lightning-rod, undoubtedly, but if another investigator of nature



had discovered another and better method of protecting buildings from lightning, the patent would become of no effect. The cases are parallel. Dr. Morton might have patented any particular method of inhaling ether, but the right of any man to inhale it he could not touch. Suppose we reach up to our shelf, and, taking down the ether bottle, inhale a drachm or two of it—are we liable to an action at law for the offence? The thing is so totally absurd, that it defeats itself at once. Dr. M. was aware of this at the outset, and hence the mystification about “*Letheon*” which could not be kept up. We are sorry to be thus hard upon him, but we think he deserves it all.

We must also be permitted to observe, that this is the most curious Congressional document that has ever fallen under our notice. If it is gotten up by the committee and published at the public expense, Dr. M. may congratulate himself upon having secured enthusiastic friends at head-quarters. In addition to the report, we have numerous documents corroborative of Dr. M.’s claim, with lithographic copies of the certificate in his favor by physicians of Boston, and of the Monthyon medal given him by the French Institute. In the body of the report we have printed copies of his tickets in the Medical School of Harvard University, and also of a diploma (honorary?) from a college to the south of this latitude, which is without a date, and has the additional peculiarity that one of its professors, (writing himself A. M.,) signs and duplicates his signature as *Georgium*. This sort of publication may be all very right and proper, but it strikes us as an immense piece of *Barnumism*, similar to that upon which we have already animadverted. We cannot resist the conviction that this pamphlet has been got up by some of the patent-agents and “claim-brokers” who now abound in Washington, benevolently ready to assist—for a consideration—any one anxious to have a finger in the long purse of Uncle Sam.



*Principles of Human Physiology, with their chief applications to Psychology, Pathology, Therapeutics, Hygiene and Forensic Medicine.* By WILLIAM B. CARPENTER, M. D., F. R. S., F. G. S. *Fifth American, from the Fourth and Enlarged London Edition, with Three Hundred and Fourteen Illustrations.* Edited with additions, by FRANCIS GURNEY SMITH, M. D., Professor of the Institutes of Medicine in the Medical Department of Pennsylvania College, etc. Philadelphia: Lea & Blanchard, 1853. pp. 1091.

The popularity of Dr. Carpenter's "Human Physiology" in this country has been strikingly attested by the numerous editions which it has gone through. Not only every English edition has been reproduced, but in one instance a second American of one of the English editions was called for. The fourth and last English edition was completed only two months since in London, and we are indebted to the enterprising American publishers for its almost simultaneous appearance in the United States.

This edition is essentially a new treatise. The author has not only remodelled his work, with a view to the modifications introduced into the details of Physiological Science, since his last edition; but he has, in many important particulars, condensed, amplified, rearranged, and altered his original views upon various topics, which "the progressive maturation of his own opinions, and his increased experience as a teacher, have caused him to look upon in a light very different from that under which he had previously regarded them."

Without attempting a complete outline of the changes interwoven by Dr. Carpenter, in the "reconstruction" of his work, we may notice some of the more striking and prominent. Perhaps of these the most important is the introduction of the *second chapter* of this edition, which comprises a general view of the "Chemical Components of the Human Body, and the changes which they undergo within it." The scope of this chapter embraces many recent discoveries, and includes perhaps more of the topics which give Physiology its varying aspect, than any other department of it. Dr. Carpenter has succeeded admirably in presenting a "faithful and concise exposition of the present state of our

knowledge on this important subject." We shall especially advert only to his views on two very interesting points in this connection—"the respective relations of fibrin and albumen to the nutritive processes, and of the former to the gelatinous tissues"—and "the discoveries of M. Cl. Bernard in regard to the elaboration of sugar and fat in the liver."

The doctrines of Zimmermann and Simon, that fibrin is one of the elements of the blood "which have arisen in it from its own decay, or has reverted to it from the *waste* of the tissues," is rejected by Dr. Carpenter,

"as completely opposed by the whole physiological history of Fibrin, and more particularly by the gradual development of this ingredient in chyle, during its onward progress to the sanguiferous system; whilst, again, it seems to be entirely negatived by a comparison of the condition of fibrin with that of the known products of the disintegration of the tissues, such as urea or creatin, in which we see a marked tendency to the reproduction of purely physical or chemical conditions, (and this pre-eminently in the crystalline aggregation,) to the exclusion of those of vitality."

Fibrin, on the contrary, he believes, according to the commonly received views, to be endowed with vital force during the *assimilation* of the crude material furnished by albumen or casein, and to be "the first step in its conversion into living tissue." But, he adopts the surmise—

"that the peculiar vital powers, with which fibrin is endowed, give a special tendency to development into tissues of the fibro-gelatinous type, which may thus be almost said to be *pre-formed* in the blood; whilst the tissues of the cellulo-albuminous type *develop themselves* at the expense of some other element of the blood, possibly the globulin of the floating corpuscles."

As regards the elaboration of fat and sugar by the liver, Dr. Carpenter considers it to be the result of the disintegration of the tissues, which, in the descending process,

"resolve themselves into two classes of substances; on the one hand, saccharine, oleaginous, and resinous matters, analogous to those of plants in which carbon predominates; on the other, a set of compounds peculiar to animals, of which nitrogen is the characteristic ingredient. \* \* \* \* \*

The *sugar* generated by the agency of the liver, from the products of the waste or disintegration of the system that are contained in the blood, seems to be at once employed in supporting the combustive process by which the animal heat is maintained."

The chapter on "the Structural Elements of the Human Body,



and the Vital Actions which they exhibit"—which includes the general doctrines of Cell-formation and of Vital Force—is also new.

The chapter on the "Physical Characters, Chemical Composition and Vital Properties of the Blood" has been greatly extended and almost entirely re-written.

"The series of chapters on the several organic functions remain the same as in the previous edition; but important additions and corrections have been made in every one."

"It is in the chapter devoted to the Functions of the Nervous System, which constitutes one-fifth of the entire volume, that the greatest additions and alterations will be found. This subject, in its Psychological as well as in its Physiological relations, has occupied more of the Author's attention than any other department of Physiology; and he now offers the more matured points of his enquiries and reflections, with some confidence, that even if his views should hereafter require modification as to details, they will be found to be fundamentally correct, and to furnish materials of some value in Psychological inquiry, as well as in the study of Mental Pathology."—*Preface*, pp. 13, 14.

We have thus adverted to some of the leading "additions and alterations," which have been introduced by the author into this edition of his Physiology. They will be found, however, very far to exceed the ordinary limits of a new edition—"the old materials having been incorporated with the new, rather than the new with the old." It now certainly presents the most complete treatise on the subject within the reach of the American reader; and while, for availability as a text-book, we may perhaps regret its growth in bulk, we are sure that the student of physiology will feel the impossibility of presenting a thorough digest of the facts of the science within a more limited compass.

It is to be observed, that a large number of *references* have been incorporated with this edition; and "to this addition, no small portion of the augmented bulk of the volume is due."

The duties of the American editor have been performed with excellent taste and discretion. His additions have been limited to an "occasional illustration of the text," and a notice of such recent discoveries as have appeared in the journals, while the sheets passed through the press. The additional matter, though not overloading the text, will be found every where appropriate and valuable.



*On Animal Chemistry in its application to Stomach and Renal Diseases.* By H. BENCE JONES, M. D., etc., London. John Churchill, 1852.

We have here a London copy of this excellent work, kindly furnished by M. Bailliere of New York. It does not purport to be a complete treatise upon the subjects mentioned in the title, but is composed of twelve separate lectures, illustrating some few of the varied diseases affecting the Stomach and Renal system.

The author in the commencement pays a merited tribute to Dr. Prout, whose well known work is admitted to be the "fons et origo" of most of the treatises on the affections which Dr. Jones now discusses.

The 1st Lecture is devoted to the consideration of Food, comprising all that is new and valuable under that head, and its relation to Air, Exercise, Respiration, &c. The 2d Lecture, on Digestion, contains much information on that subject, of value. From this to Lecture 3d the transition is easy. It considers the Blood, and furnishes all that is essential upon that important component of the animal economy. Lecture 4th commences the consideration of the Urine, beginning with Calculi. Lectures 5th and 6th consider respectively the quantity and Acidity of the Urine and Uric acid. These lectures demand more than a passing notice, as they are important in a chemical point of view. Dr. Jones does not believe the statement of Prout, that the acidity of the urine is dependent upon acid urate of ammonia, yet in confirmation of Prout's views we may mention that vol. li. of the *Annalen der Chemie* gives two compounds—lithate of ammonia and super lithate of ammonia. Dr. Jones, however, says, "the conclusions I have arrived at are that uric acid is combined with ammonia, but the urate of ammonia is modified in form and in solubility by common salt and other saline substances which exist with it in the urine." And again, "the so-called super lithate of ammonia, I consider to be a mixture of uric acid and urate of ammonia." As it is, farther observations are necessary to determine the existence of one or two compounds, and we do not arrogate to ourselves the power of determining the true state of the question.

Lecture 7th considers Oxalate of Lime and Sulphates. Dr.

Jones here introduces to the profession a new term, "sulphuric diathesis."

He promises, that at a future time he will notice more fully the variations of the sulphates in disease, and hints that there is a peculiar class of diseases in which the sulphates are in excess.

Lectures 8th and 9th consider the Alkalescence of the Urine. Lecture 10th, Albuminous Urine. Lecture 11th, Diabetes and Diuresis; and Lecture 12th, Relation of Urine to food and animal system and methods of examination.

The work is written in a free and off-hand style, and in a manner that evinces a thorough study of the subject before presenting it to the profession. In the rage for new things we too often pass by that which may appear trivial and unimportant in order to observe the grandeur of the new.

In the volume before us attention to this fact will help us to deduce from the observations of the writer, much of value to the practitioner. It has often occurred to us, that these are the only works where the connexions of physiology and pathology are demonstrated; very frequently it happens that in pursuit of physiological knowledge we are apt to lose sight of its application to pathology, or rather forget to make the application.

The book may be placed along with the manuals of Bird, Griffith, Warwick, &c.

It comprises 139 pages, and is plainly printed and neatly bound. To the student of animal chemistry it opens a wide field for observation, and one from which he can glean much. We have no doubt that an American edition would be hailed with pleasure. The increasing attractions this subject presents to the profession, have engendered a proportional demand for information, and this volume appears opportunely to supply the want.

It is well to have such books as these in one's library. To most, the works of Bright, Prout, &c., are inaccessible; and in the 139 pages, Jones has condensed much that is eminently practical and valuable, in his own enthusiastic manner. Space does not permit us to attempt a thorough analysis of the whole work, and we must therefore close this hasty sketch with a hearty commendation of it to all who are interested in this department of medicine.



*First Principles of Chemistry for the use of Colleges and Schools.* By BENJ. SILLIMAN, Jr., M.A., M.D., &c. *With Four Hundred and Twenty-five Illustrations. Twenty-fifth Edition. Re-written and enlarged.* Philadelphia: H. C. Peck and Theo. Bliss. 1852.

We have before us a copy of the twenty-fifth edition of this excellent work, and if any evidence of its value were needed, this fact alone would be sufficient at once to mark its popularity. The whole work has been re-written and to a great extent re-arranged, according to the standard facts and doctrines now received in chemical science. The work is divided into four parts. Part I. is devoted to the consideration of PHYSICS, embracing all that is usually taught in that connexion with chemistry, as Matter, Heat, Light, &c. Part II. considers CHEMICAL PHILOSOPHY, embracing the Laws of Combination, Nomenclature, Symbols, &c. Part III. is devoted to INORGANIC CHEMISTRY, treating of the Classification of the Elements, and the consideration of each in particular, with their combinations, &c. And "last, but not least," Part IV. comprehends ORGANIC CHEMISTRY, giving under that caption the Nature of Organic Bodies, the Vegetable Acids and Alkaloids, the Blood, the Nutrition of Animals, Plants, &c. &c.

The work by its title claims to be the "First Principles of Chemistry," and it has certainly attained that mark. It is in its style clear and perspicuous, and in its matter elaborate without becoming abstruse. It is admirably adapted to the wants of the beginner in chemical research, and on this ground claims the attention of the medical teacher as a class book in the office for students. In our opinion, it is eminently suited for this purpose—presenting to the tyro a book from which he can gather all that is necessary in this go-ahead age for raising the foundations upon which to build in the future, while it will furnish to the advanced student much important information in a form convenient for ready reference. We say this after having examined the work minutely, and finding much in it to awaken the mind and refresh the memory. It is already the "Text-Book at Yale College," and several similar institutions, where it has been adopted for the use of



those who consider that chemistry should be a component part of every liberal education.

The work consists of 544 pages (exclusive of the Index), of which number about 120 are devoted to the consideration of Physics, 17 to Chemical Philosophy, 200 to Inorganic Chemistry, and about 200 more to Organic Chemistry. In the latter part of the work considerable tact and care are evinced in the classification of the great mass of facts that have accumulated within the last few years in this department of chemistry. In fact, Organic Chemistry has of late attracted so much attention, although even yet not as much as is commensurate with its importance, that a chemical work without a full exposition of it is not now complete.

This department has been arranged under the supervision of Mr. T. S. Hunt, who has proved himself fully competent to the task. Emanating, however, as the major part of the work does, from the pen of a "Silliman," is the best evidence of its correctness and sound chemical reasoning. The book is copiously illustrated, and it has seldom been our pleasure to observe more accurate and beautiful wood-cuts. In its typography it will vie with many other works of more pretension, and in its general "getting up" it does a deal of credit to its publishers. We wish it an extended sale and a careful perusal.

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*Notice of the Life and Professional Services of William R. Grant, M. D.* By HENRY S. PATTERSON, M. D., Professor of Materia Medica and Therapeutics, in the Medical Department of Pennsylvania College.

Dr. Patterson has presented a highly appropriate and interesting memoir of his late colleague, who, during a short professional career, and comparatively brief sojourn here, worked his way to no little distinction and deservedly high personal estimation.

Dr. Grant was a native of Nova Scotia, whence he emigrated to Philadelphia, in the year 1836, to matriculate as a pupil of Jefferson Medical College, where he graduated in 1839. "He was immediately appointed Demonstrator of Anatomy, and Curator of the Museum of Jefferson College, which situation he filled with credit to himself and advantage to his alma mater for

three years." In 1843, upon the dissolution of the original Faculty of Pennsylvania College, Dr. Grant formed one of an association which assumed the task of re-organizing the School; and his duties in this sphere, as Professor of Anatomy, were continued till his death, last Spring. As a teacher of Anatomy, he earned considerable reputation and popularity; and his labors were no doubt efficient in elevating the School to its present point of success. "In his professional relations, Dr. Grant was characterized by great amiability of temper, courteous deportment, and the strictest integrity."

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*General Pathology, as Conducive to the Establishment of Rational Principles for the Diagnosis and Treatment of Disease; a Course of Lectures delivered at St. Thomas' Hospital during the Summer Session of 1850.* By JOHN SIMON, F. R. S., one of the Surgical Staff of that Hospital, &c. &c. Philadelphia: Blanchard & Lea; 1852.

This is the title of a new work recently re-published by Messrs. Blanchard & Lea, of this city. It consists of a series of highly interesting and instructive lectures delivered at St. Thomas' Hospital, London. Some of the new and apparently heterodox ideas therein advanced upon Pathological subjects, at first tempted us to cast aside the book, as one subverting doctrines hitherto taught and received; but when we examined the sound and cogent arguments, and beheld the unmistakeable array of evidence adduced by Mr. S. in support of his propositions, we were forced to the conclusion, that many of our long accredited and cherished opinions on the subject of disease could no longer be sustained by reason or supported by fact.

His views are plainly and concisely stated, and in such an attractive manner, as to enchain the attention of the reader; and should they be adopted by the profession at large, are calculated to produce important changes in medicine. Physicians and students will obtain from its perusal not only the latest discoveries in Pathology, but that which is even more valuable, a systematic outline for the prosecution of their future studies and investigations. Altogether, we look upon it as one of the most satisfactory and rational treatises upon that branch now extant.



## THE MEDICAL EXAMINER.

PHILADELPHIA, FEBRUARY, 1853.

### TRIBUTE TO DR. BROWN-SÉQUARD

At a meeting of the medical gentlemen who have attended the lectures of Dr. E. Brown-Séquard, held Dec. 14th, 1852, Dr. Warren was called to the chair, and the following resolutions, offered by Dr. Henry J. Bigelow and seconded by Dr. Bowditch, were unanimously adopted, after amendments by Dr. Bartlett and Dr. Coale :

Resolved, That having attended a course of lectures by Dr. Brown-Séquard, illustrated by dissections and experiments upon subjects connected with physiology, and especially with that of the nervous system, we are desirous of expressing to Dr. Séquard the gratification which we have received from these lectures, which have been the result of extended original research, which have been eminently characterized by a spirit of rigid induction, and which have conveyed many practical hints upon pathological subjects. Therefore

Resolved, That we hereby offer our thanks to Dr. Séquard for the gratification and profit we have received from his very interesting lectures. That we commend these lectures to those members of our profession in other cities who may not have had the pleasure of hearing them; and that we indulge the hope that Dr. Séquard may find it convenient to continue his lectures here at some future time.

### CORRECTION.

The paper of Dr. Alison's, communicated by Dr. S. Lewis, in the January Number of this year, should have been accredited to the "Proceedings of the Royal Soc. of Edinburgh," instead of *Edinb. Phil. Trans.*

### NEW JERSEY MEDICAL INSTITUTE.

A new summer school has been established at Burlington, with which Dr. Joseph Parrish, Editor of the N. J. Medical Reporter, Dr. B. H. Rand, Dr. S. S. Brooks, Dr. J. B. Coleman and Dr. L. Read are associated. They offer many advantages to students during the summer season, and we doubt not will receive a full share of patronage. We wish them success.

## CABINET OF MINERALS.

We call the attention of our readers to the following letter from Dr. Coxe. The collection is a very valuable one.

MY DEAR SIR,—May I request of you the favor to announce in your "Examiner" my intention of disposing of a very large and valuable Cabinet of Minerals, the collection of more than thirty years, and at an expense of several thousand dollars. The specimens are mostly of large size and beauty, and well adapted for a College or Public Institution. A large collection of models of the forms of crystals, constitute a part of the Cabinet; also, two large and fine specimens of hexagonal columns of Basalt, from the Giant's Causeway, in Ireland.

I am very truly your friend and obedient servant,

JOHN REDMAN COXE.

DR. SMITH.

Jan. 5, 1853.

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At a stated meeting of the Northern Medical Association, held January 6, 1853, the following members were elected Officers for the present year:

*President*—Dr. Benjamin S. Jarney.

*Vice President*—Dr. N. L. Hatfield.

*Counsellors*—Drs. Joseph R. Bryan, John F. Lamb, Wm. Mayburry, Isaac Remington and John Uhler, Jr.

*Secretary*—Dr. J. Henry Smaltz.

*Corresponding Secretary*—Dr. Isaac Remington.

*Reporting Secretaries*—Drs. John Rhein and C. P. Turner.

*Delegates to the American Medical Association*—Drs. L. Curtis, B. S. Janney, N. L. Hatfield, J. F. Lamb, R. J. Levis and Isaac Remington.

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VIRGINIA MEDICAL AND SURGICAL JOURNAL is the title of a new aspirant for favor in Richmond, and edited by George A. Otis, M. D. and H. L. Thomas, M. D. The first number will be issued on April 1st, 1853, and the succeeding numbers will appear monthly.

The objects proposed in its publication are the diffusion of *Medical Knowledge and Intelligence*; the advancement of *Science*; and the support of the dignity and interests of the Medical Profession.

Each number will consist of eighty large octavo pages, containing Original Papers, Memoirs, and Reports of cases; an account of the transactions of Medical Societies in Virginia; a Summary of Improvements and Discoveries in Medical Science, at home and abroad; Reviews and



Bibliographical Notices ; and a portion of a Standard Work in some important Department in Medicine. Price, \$5 a year.

We welcome our new friends into the editorial fraternity, and assure them of our hearty wishes for their success. There is material and talent enough, and to spare, in the Old Dominion to support and encourage another good Journal.

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### MEDICAL NEWS.

Dr. J. B. BIDDLE has been appointed lecturer on *Materia Medica* and *Therapeutics* in the *Philadelphia Medical Institute*.

From the well established reputation and success of Dr. Biddle as a teacher, we predict increased popularity to the school with which he is connected.

Dr. BERNARD HENRY has been appointed to the chair of *Physiology* in the same school. S.

SINGULAR INVESTIGATIONS IN A TRIAL FOR MURDER.—The following curious case has excited great attention in the law courts of Berlin :

Sept. 10, 1849, some peasants found on the bank of a rivulet, which flowed into the Spree, the body of a man, whose head had been detached by an incision, carried between the first and second dorsal vertebræ. The head had been so much disfigured by the assassins that recognition was impossible. Near the body was a small cane, a hat, and a box of allumettes ; some of the clothes were remaining on the trunk.

The day following two physicians drew up a report, which was unsatisfactory and imperfect. Some time afterwards they both in court declared, together with the magistrates present at the examination, in answer to some questions, that there were no cicatrices from scarifications, nor marks of tattooage upon the body.

A girl came forward, and stated, that from the accounts published in the Berlin journals, she felt sure the deceased was her husband. The body was disinterred, and she recognized it by the external organs of generation, as well as by the clothes. Yet the witness was found to be a prostitute, who never had been married in her life. Other researches led to the supposition, that the assassin of the unknown individual was a cattle merchant, named Gottlieb Ebermann. These suspicions, however, did not last long, for there came reason to believe, that Ebermann was the man murdered. It was said of him, that he might be recognized by traces of the cupping scarificator on the wrists, and tattoo marks of

a heart and of the initials "G. E" on the left arm, both of which points of identification were asserted by the very surgeons who had bled him. But Ebermann's sisters and wife stated, that they knew nothing of such marks, consequently there was a second exhumation, five months after the death, but no traces were found on the body. The wife's evidence was not considered valuable, as she had been only recently married and much separated from her husband. A person then came forward, and declared that he had seen and spoken to Ebermann within four-and-twenty hours; he, however, was proved a madman. Lastly, a mistress of Ebermann stated positively that the little cane found near the body belonged to a man of small stature, once a postilion, now a brigand, named Schall, at whose lodgings Ebermann's own cane had been seized. The girl recognized the dress, and particularly the braces, which she had herself worked. There was a third exhumation, December 11, 1851, twenty-six months after the death, when the girl recognized the body by something peculiar in the teeth and the beard. On August 11, 1851, this same girl had been nearly assassinated; doubtless by the accomplices of Schall, then in prison. The question as to whether the scarifications and the tattoo marks, seen upon Ebermann's body by competent witnesses, could by possibility become effaced by time, was referred to M. Caspar of Berlin. In his report, taken from the observations made in a large asylum for aged and invalid soldiers, a class upon whom tattoo marks are common, he states that out of 36 examples, in 3 the tattooage had become faint with time; in 2, the marks were partially effaced; in 4, they were completely obliterated: consequently, says M. Caspar, the marks of tattooage can disappear. A witness came forward, and declared, during the investigation, that at 15 he had tattooed himself on the arm with cinnabar, and that the marks had become entirely effaced. The conclusion of the trial was, that Schall was condemned to death.

In *L'Union Médicale*, Nov. 16, 1852, Dr. Chereau justly observes, respecting Caspar's report, that it is not one which should influence a judicial decision, for it is not stated at what age, with what substance, and in what manner, the marks were produced in the four instances where there was complete obliteration. Are the men to be trusted? How many years elapsed before the marks became effaced? The question cannot be considered in any way satisfactorily settled as it now stands; indeed, Caspar's assertions tend to raise doubts, which heretofore did not exist, upon a point which might be most important in a prisoner's favor, viz., the persistence of these stains. There is evidence that



the absorbent glands in the neighborhood of a tattoo mark become filled with pigment. At the time of writing this report, there is in the dissecting-rooms attached to St. Bartholomew's Hospital, the body of a native of one of the islands of the Eastern Archipelago, whose skin has been ornamented to an extent but rarely seen. The whole back, from the sacrum to the shoulder, is covered with circles, radiating stars, and feathers; the arms and the thighs are both marked, but the front of the body is comparatively clear. The absorbent glands in the groin and about the axilla were of deep black hue; those in the neck of the ordinary white color. Mr. Coote, the demonstrator of anatomy, succeeded in dissecting out some absorbent vessels leading to the glands in the thigh, filled with black pigment in long streaks. These indications of the action of the absorbents were however few, and the tattoo marks existed everywhere with as much clearness apparently as at the time when they were first made.

A similar remark may be offered respecting the possibility of the disappearance of cicatrices. If there have been a complete loss or division of integument in its whole thickness, the mark remains obvious till decomposition after death destroys the tissues. If the skin be only partially destroyed, there ensues a cicatrix of a different kind; one much more resembling the natural structure of the skin, unattended with contractions, and capable of becoming very faint, and liable to be overlooked, except upon close examination. We have no hesitation of expressing our opinion that Caspar's report does not tend in any way to invalidate the statement which has heretofore been received in courts of law—namely, that tattoo marks and cicatrices are indelible.—*London Med. Times and Gaz.*

[The following Communication was accidentally omitted in the Original Department. It is therefore introduced in this place.—Eds.]

THE MODUS OPERANDI OF ACIDS IN SCURVY. By WM. H. WHITE, M. D.—In presenting the following views to the notice of the medical public, it is not so much the object of the writer to enter into detail as to the symptoms and appearance of the disease termed "Scorbutus," as it is to advance a few ideas relative to what he believes to be the state of the blood and the modus operandi of acids and vegetables containing acids, and to shew forth the reason why, if possible, it is, that these articles should, and do operate beneficially in the cure of this disease.

The disease *itself* has been treated of by nearly all writers on medicine since about the middle of the sixteenth century. And all have

advanced, in their different essays, the same idea relative to the state of the circulating fluid. They speak of it as if there were a deficiency of some of its constituent parts, which is supplied to the blood by the acid administered for the cure of the disease, and the deficiency being removed, the patient is restored to health.

That the seat of the disease rests entirely in the blood, is admitted on all sides ; and that medicines prove of little benefit unless at the same time acids or fresh vegetables be administered, is as unanimously admitted.

But the ground upon which we wish to differ in opinion from those invariably expressed by different writers is, that there is actually *no* deficiency in the blood, but on the other hand an excess, and that excess an alkaline principle which successfully opposes the taking place of that chemical change which the blood should undergo in order to be of a proper chemical constitution. This alkaline principle (soda or potash) exists in the blood in excess, owing to the patient having been deprived of the food from which the system might obtain acid in order that it be neutralized, and the salts of the blood be formed.

If we examine the blood taken from the arm of a scorbutic patient, it will be seen to have undergone considerable chemical change, which is manifested by its very dark appearance, and its being in a completely dissolved state,—not coagulating unless there has been inflammation present.

Now, should we take such blood as soon as drawn from the arm, and add to it an acid, it will assume its natural appearance and color, and will coagulate the same as that taken from the arm of a healthy individual. In like manner will the acid operate upon the blood of a scorbutic patient when given him, by its being taken into the circulation and restoring the *blood* to health—not by the blood taking and assimilating a portion of the acid to itself merely,—but by its producing a chemical change in the blood : The acid, in its round with the circulation after it has been absorbed, comes in contact with the alkaline principle (soda or potash) which is in excess, and neutralizes it and forms the salts of the blood. The system having been previously deprived of the material from which it might obtain the acid to produce this change, the alkalies have been allowed to increase to such an excess as to produce the disease. And the very moment the patient has administered to him the acid or the food containing it, he commences rapidly to advance towards the stage of perfect recovery.

If we were to credit one class of writers we would be led to believe that the disease consisted in an excess of “fibrine,” and on the other



hand, to credit a second class, that it consisted in a *deficiency* of fibrine and an excess of red corpuscles. But we believe the most rational conclusion is, that the blood possesses alkaline principles in excess, and the acid, by neutralizing them, forms the salts to which the blood is legitimately entitled.

*Philadelphia, Jan. 1853.*

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## RECORD OF MEDICAL SCIENCE.

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### MATERIA MEDICA AND THERAPEUTICS.

#### MEDICAL SOCIETY OF LONDON.

SATURDAY, DECEMBER 4, 1852.—MR. BISHOP, PRESIDENT.

Dr. DE MERIC showed to the Society the saccharine capsules of copaiba and cubebs, prepared by M. Jozeau, under the name of Copahine-Mège, which have been described in a late number of this journal, (see *THE LANCET*, vol. ii. 1852, p. 422;) and as this was neither a secret nor a patented remedy, he was induced to try it in his practice. He stated that he had found them very efficient in the treatment of gonorrhœa, as the mouth did not perceive the taste of the copaiba, and the stomach did not revolt against the drug. Dr. De Méric observed that his patients took the capsules without repugnance, and never complained of any gastric disturbance. He was sure that many of the fellows would find this kind of sugar-plums very convenient in private practice, as they could be carried in the waistcoat-pocket, and taken at leisure. The speaker touched upon several other points, which we need not repeat here, as they may be found in the number of this journal alluded to above.

Mr. CHIPPENDALE wished to know whether the capsules were sold at a high price. He asked the question because he might be inclined to use them in his dispensary.

Dr. DE MERIC was not prepared to give the information required, as he had confined himself to the pharmaceutical bearing of the matter. But he might venture to say that M. Jozeau would probably charge hospitals and dispensaries a very low price. He thought, at the same time, that the capsules were more calculated for private than public practice.

The PRESIDENT inquired the actual amount of copaiba and cubebs in each capsule.

Dr. DE MERIC could not bring to mind the exact quantity; but we have since been informed that it is sixteen grains of prepared copaiba and about two grains of cubebs for each capsule.

## OBSTETRICS.

*Scirrhus of the Uterus complicated with Pregnancy; Funis presentation; Delivery.*—Mr. I. BROWN read the following case: Mrs. W——, aged thirty-five, an out-patient of St. Mary's Hospital, was under my care from May to July with scirrhus of the os and cervix uteri. The catamenia had ceased for several weeks, but there was a good deal of offensive serous discharge. Her health became so seriously injured, that she was unable to continue her attendance as an out-patient, and I lost sight of her until November 18th, when I was requested by Mr. Hammond, one of the district accoucheurs of the Maternity, to visit her. I found that she had been seized with symptoms of labor the previous day, that the waters had escaped, and that the funis had descended six or eight inches through the os externum; but the thickened edges of the uterus seemed quite unyielding, and the labor made little or no progress. The patient became excessively exhausted, requiring ammonia, brandy, and strong beef-tea. I suggested that they should wait and see if the os dilated a little more, and if it did that delivery should be attempted by turning. Turning was accomplished the following day by Mr. Bullock, resident-surgeon to St. Mary's Hospital, and Mr. Hammond, after considerable difficulty. The fœtus was one of seven months, and had been dead some five or six days. The patient remained in a very exhausted state after her delivery, and when Mr. Brown last saw her, was evidently fast sinking.

In answer to questions, Mr. Brown could not say how long the disease had existed, but he supposed for some time. About half the os was involved in the ulceration.

Dr. ROUTH recollected the case of a woman in Vienna, in whom three fourths of the os were involved in the ulceration. The woman was four days in labor, and died four or five days after delivery. The delivery was effected, not through the os, but on one side of it. The woman died of peritonitis.

Dr. BARNES said that the practical question in this case was, as to the propriety of effecting premature delivery to avoid the passage of a large body through the diseased os. Would such a proceeding give the patient a chance of recovery? He thought that the cases of Dr. Rowland had proved the contrary, and that as death would result whenever delivery took place, life of course would be prolonged by allowing the woman to go the full time.

*On the Pathology and Treatment of Sanguineous Pelvic Cysts.*—Dr. TILT read a paper on a variety of pelvic tumors, on which the French pathologists have during the last year thrown great light, the cyst being in such cases formed by a considerable quantity of blood effused in the pelvic portion of the peritoneum, or externally to the peritoneum, so as to constitute extra-peritoneal or intra-peritoneal cysts. Dr. Tilt first related several cases from his own practice, from that of Dr. Bell of Glasgow, and from that of Dr. H. Bennet; by which it appeared that the disease was preceded by menstrual irregularities, and that its



origin generally coincided with the suppression or the non-appearance of the catamenia; after which ensued hypogastric swelling, then local pelvic peritonitis, on the subsidence of which a globular tumor was found to fill, more or less, the pelvis, interfering with the passage of both fæces and urine. Dr. Tilt then elucidated the pathology of the previous cases by several others which had terminated fatally in the Paris hospitals, and where the post-mortem examinations were exhibited to the Société de Chirurgie of Paris. The causes of extra-peritoneal sanguineous cysts were extremely obscure. In a case related in "Guy's Hospital Reports," the effusion of blood was caused by the rupture of an aneurismal sac. In another, occurring in the practice of the celebrated Margolin, it was caused by the rupture of varicose sub-peritoneal veins. Light had been thrown on the causes of the intra-peritoneal variety by the post-mortem appearance of a patient under the care of Denonvilliers, of the Hôpital Ste. Marguerite, in Paris. The blood was found to have come from several small ovarian cavities, some of which still contained blood-clots; and in discussing the case, Lenoir, Nelaton and other surgeons of eminence, admitted that in this and similar cases the pelvic tumor was formed by an ovarian hemorrhage taking place during the process of ovulation. Dr. Tilt admitted the explanation, and gave it strength by reminding the Society that during the process of ovulation the ovaries greatly increased in size; that in the normal state the blood-clot taking the place of the ovum was about the size of a cherry; that microscopical observers had sometimes found the capillary vessels much enlarged and broken in the vicinity of the vesicle, and the ovarian tissue so softened that it would tear on the slightest touch, and let the blood-clot escape. Dr. Tilt gave a still surer footing to the views of the French pathologists on this point, by relating a case which had lately occurred in the Lyons hospital, where, after flooding at three successive menstrual periods, peritonitis supervened, and on opening the body, a blood-clot of the size of a horse-bean was found protruding between the rent lips of the ovarian follicle. Having thus established the pathology of intra-peritoneal sanguineous cysts, Dr. Tilt proceeded to illustrate their history by other interesting cases which had lately occurred in the Paris hospitals. One, for instance, was mistaken by Malgaigne for a fibrous uterine tumor. He slit up the neck of the womb to enucleate the supposed tumor, but, finding his mistake, he punctured it, and gave issue to a large quantity of syrupy blood. Hemorrhage from the wounded artery of the neck of the womb could not be controlled, and the patient died. Another case was mistaken for ovarian dropsy, others for metritis. Dr. Tilt observed that sanguineous pelvic cysts did not usually terminate fatally, but often by resolution; the lining membrane of the cyst absorbing its contents, which thus became thicker and thicker, and the tumor diminished. Sometimes, however, the contents were evacuated by rupture of the cyst per rectum or per vaginam. Dr. Tilt recommended the cysts to be left to themselves when small, and to increase absorption by moderate venesection, purgatives and low diet; but if they attained a considerable volume, so as to interfere much with micturition and defæ-

cation, he advised the tumor to be punctured *per vaginam* with a long trocar. 1st. Because this plan presents a better chance of avoiding wounding the arteries. 2d. Because the trocar being left in the wound permits the gradual evacuation of the blood. 3d. Because it allows the possibility of making injections. But Dr. Tilt likewise admitted the necessity of widely opening the tumor should it contain large fibrinous clots, or if it gave rise to a fetid discharge. With regard to the frequency of the disease, Dr. Tilt did not consider it a common occurrence; and although some twenty cases had been published during the past year by eminent French surgeons or obstetric practitioners, it was so little known in England, that several talented physician-accoucheurs had assured the author that they had not met with it. Dr. Tilt, therefore, submitted, that they might have been mistaken for other complaints; for metritis and incipient pelvic abscess, when the collection of blood is small; for an ovarian tumor when the collection is very considerable; and sometimes for pelvic abscesses, as in Dr. Bell's case, when the blood-clots were mixed with pus. He, therefore, believed that similar cases might be found recorded in English journals by those who would have time and patience to hunt for them.

Dr. DE MERIC inquired if Dr. Tilt had noticed pulsation in the tumors which he had described. In the description of one of the cases, at least, he had spoken of enlargement of the vessels, and of fibrinous deposit, &c.; might not the tumor in this instance have been aneurismal? In those cases in which recovery had taken place, which was the pathological process by which this was effected? The author had stated that he considered that hemorrhage had occurred from the ovary in these cases at some time or other during menstruation. Now this was no doubt from excitement of the ovary. What, then, was the cause of the hemorrhage? Had coitus anything to do with it, or any other stimulant? If we could trace the hemorrhage to any such cause, we might warn the patient. There were, no doubt, however, other circumstances connected with the menstrual period which were favorable to the development of these tumors.

Mr. BROWN regretted that so little of the paper allowed of discussion, as only one of the cases had fallen under the observation of Dr. Tilt himself. He (Mr. Brown) was inclined to think that one, if not two, of the cases, was an iliac aneurism. In the case related as occurring in Dr. Tilt's own practice, no doubt the use of the trocar was proper; but he (Mr. Brown) did not think it would be so in the other cases. He did not agree with Dr. Tilt that these tumors were likely to be mistaken for uterine enlargements, as the uterus could be distinctly felt on examination; but he had seen instances in which they might be mistaken for ovarian tumors. In one case he recollected a sanguineous swelling near to the uterus, which burst into the rectum, and had been mistaken for an ovarian tumor. When the nature of the tumor could be determined by the history, and the mischief was localized, the plan of treatment recommended in the paper was proper, but it should not be resorted to when the swelling came on suddenly. Then a very different mode of proceeding was necessary. He regarded



these cases generally as a sort of uterine apoplexy from obstructed menstruation, and situated in the cellular tissue. He hoped at a future time Dr. Tilt would bring forward cases which would fall under his own observation, as some, no doubt, soon would.

Dr. SAMUEL GRIFFITH found the same difficulty as the last speaker in discussing the paper; but he would briefly relate two cases which had fallen under his own notice, and which appeared to be somewhat analogous to the one detailed by Dr. Tilt. The first was the case of a woman who had been ailing for some time, and had pain and hardness in one of the ovaries, with occasional shivering, and a mucous discharge from the vagina, unaccompanied by ulceration of the cervix uteri. She suddenly became worse, and symptoms of acute peritonitis set in without any apparent cause. Treatment was unavailing, and she died on the seventh day. On examination, it was found that profuse hemorrhage had taken place into the cavity of the peritoneum. It was not confined to the pelvis, and had given rise to suppuration. The point from whence the hemorrhage proceeded could not be detected, and he could not therefore assert that it was from the ovary. In such a case none but general treatment could be adopted, as there were no symptoms to indicate from what cause the disease arose. In another case, which was under treatment in St. Thomas's hospital, the subject was an over-worked servant-girl, somewhat out of health from suppressed menstruation. She had a tumor in the lower part of the abdomen, which was swollen as large as in the seventh month of pregnancy. It resembled pregnancy also in shape. It was painful and tender on pressure; the os and neck of the uterus were healthy. At the end of two months the tumor suppurated, and opened externally in the lower part of the abdomen. The tumor, however, remained of the same size and of the same stony hardness. There was no vaginal discharge. This case, at its termination, might be found to bear some analogy to the cases detailed in Dr. Tilt's paper.

Mr. DENDY regarded Dr. Tilt's cases as mere effusions of blood into the cellular membrane, round which a cyst had been formed, and a tumor was the result. Cases somewhat analogous were occasionally observed during parturition, from effusion of blood into the cellular membrane of the vagina.

Dr. CHOWNE would not enter into the discussion, as he had not seen such cases as those detailed, which were very rare; and if Dr. Tilt waited until he could speak largely from his own experience upon the matter, as was suggested by Mr. Brown, it was probable he would long remain silent. He regarded the cases related as differing in their character, but that generally these blood-tumors were the result of effusion of that fluid into the cellular membrane. He found fault somewhat with the title of the paper, which, strictly speaking, was not on "*pelvic sanguineous tumors*."

Dr. TILT, in reply to Dr. De Méric's suggestion, that some of the cases described might have been cases of aneurism of some large abdominal vessel, observed, that with Dr. Lever's patient he had stated that this was the case, and it might therefore be met with again

as a cause of extra-peritoneal sanguineous tumors ; but that the other seven cases related could not be confounded with aneurism, for in three out of the seven there were post-mortem examinations, and the other four were related by accomplished observers, able to detect a pulsating tumor, of chronic growth, from those described in the paper. Dr. De Méric also asked whether ovarian inflammation did not play a part in this disease ; but Dr. Tilt thought that care should be taken in ascribing every morbid action to one pathological condition, and said that, when taking into consideration the action of the ovaries, we must not think of these organs as they are met with in the dead body, but as seen by Verdier and Dr. Oldham, when accidentally placed outside the inguinal canal, in which case, at the menstrual periods, they have been observed to swell *enormously* ; that we must think of the softened state of the ovarian tissue surrounding the rent follicle of the ruptured capillaries, attested by microscopical observers, and also of the ruptured blood-vessels seen by them. Dr. Tilt believed, with the French authorities already quoted, that in these cases of *intra-peritoneal* sanguineous cysts, the blood trickled from the rent capillaire, and falling into the recto-peritoneal pouch, caused peritonitis, and therefore a cyst containing blood. Such were Dr. Tilt's views of the pathology of such cases. He could not understand how obstructed circulation could account for them, as had been suggested by Mr. Dendy ; he did not admit that the blood in such cases was merely effused in the areolar tissue, for on post-mortem examinations it was proved that the blood had broken down the areolar tissue, displacing it and the pelvic organs so as to constitute a cyst. Neither could he accept Mr. Brown's explanation, that such sanguine collections were formed by the blood permeating the outward surface of the womb, because, whenever death had afforded an opportunity of investigating the case, a less problematical explanation had been found. Dr. Griffith did not see how fluctuation could be felt if the tumor contained blood, but Dr. Tilt reminded him that in some of the cases, the blood, like menstrual fluid in a distended womb, did not coagulate, being a dark syrupy fluid. Fluctuation was of course less marked or imperceptible when the blood was much coagulated, and when its liquid portions were absorbed. To Dr. Chowne's objection, that some of the tumors described could not be fairly called sanguineous, since the contents were purulent as well as sanguineous, Dr. Tilt added that the peritonitis, by which the blood was confined in the pelvic cavity, might pass to the stage of suppuration, and then pus would be voided with the blood. It had been suggested by Mr. Brown that as the cases described were very common, it was a pity Dr. Tilt had not waited so as to build his paper upon his own researches only ; but Dr. Tilt replied that his reason for bringing the subject before the notice of the Society was the fact of such cases not having been noticed in England ; and he considered it a singular circumstance that Mr. Brown should have frequently met with cases of sanguineous pelvic cysts, when he had been informed by Dr. Murphy and Dr. Oldham, that in their extensive fields of inquiry they had not met with them ; that Dr. Chowne and Dr. H. Bennet had but seldom done so ; and that



they were considered uncommon by many French pathologists who during the past year had drawn attention to the subject.—*Lancet*.

*Congenital Occlusion of the Vagina.*—Throughout the medical journals are scattered notices of congenital occlusion of the vagina, sometimes combined with obvious arrest of development of the uterus,—sometimes with simply an imperfect condition of the vaginal orifice. We have upon former occasions mentioned the particulars of cases of extroversio vesicæ in the male, where the generative organs were incompletely formed; and we recall an observation made by Mr. Coote, that the arrest of development was not confined to the external parts, but that it extended to the whole segment of the body and the system of organs in which these imperfect structures were situated. The same remark is applicable to congenital occlusion of the vagina. In some instances the nymphæ alone are adherent; in others, one, two, or more inches of the anterior part of the vagina are obliterated; the uterus may be ill formed, and the ovaries in no condition to mature ova, but in all cases the arrest of development of the internal parts is in relation with the amount of external deformity. The practical points connected with this law are equally applicable to the two sexes. In the male, suffering from extroversio vesicæ and fissured penis, the bones of the pelvis are usually small, and the pelvic cavity is shallow; the bladder, almost an abdominal viscus, retains its foetal connexions to the peritoneum; the prostate gland is small and rudimentary; there is no trigon vesicæ uncovered by peritoneum; consequently we read without surprise of surgeons wounding the serous membrane with the trochar in their attempts to establish a rectovesical fistula as a preliminary step in the cure of this malformation. As regards the female, we may infer, that if with congenital occlusion of the vagina there be, at the time of puberty, no indications of the menstrual secretion, both external and internal organs are in a condition which cannot be relieved by surgery; but if the uterus, to all appearance, be healthy; if it become in course of time distended with menstrual secretion, and the patient suffer the usual pains and inconveniences, we may conclude that there is a vagina, an os tinæ, uterus, and ovaries, but that from some cause the external orifice, and an inch or more perhaps of the external meatus, are obliterated and adherent. It follows, then, that an operation, carefully performed, may relieve the patient of this distressing affliction; the vagina may be opened beyond the occlusion, and a canal may subsequently be established by the use of pessaries.

In the *New York Journal*, 1845, there is an account of a young German woman suffering from occlusion of the vagina. She had the sexual passion, but had never menstruated. Her general health was good. On inspection, it was found that she had no vagina. There was no abdominal swelling. Dr. Watson introduced into the urethra a silver catheter, which he committed to the charge of an assistant. Then passing the fore-finger into the rectum, he divided the parts at the natural situation of the vagina, between the catheter and the finger. After dividing an

inch and a half of tissues, the parts yielded to pressure, and the passage was restored to the os tincae; it was, however, small, and the uterus was atrophied. The passage was kept open by the pessary, and ultimately rendered fit for all its functions by continued distension.

The *Medical Times*, 1845, contains some remarks upon this affection by Dr. Vaudroy; and Maissonneuve has performed an operation similar to that of Dr. Watson and of Mr. Wormald, who has lately successfully treated a case in most points similar to that which we have noticed above from the *New York Journal*.

Emma W., aged 19, a well formed and not bad looking girl, with an unmeaning and vacant expression of countenance, was admitted into St. Bartholomew's Hospital, Nov., 1852, under Mr. Wormald, with complete occlusion of the vagina. The labia, when open, seemed to bound a wall of mucous membrane, in which were seen both clitoris and urethral orifice, but there was no passage towards the uterus. The finger introduced into the rectum came in contact with a solid, elastic, bulging tumor, evidently the uterus distended by menstrual secretion, and pressing upon the anterior wall of the rectum. There was no apparent indication of a vagina, but the uterus bulged downwards to within about two inches of the surface of the perinæum. The patient suffered considerable inconvenience from pain in the back and loins at the menstrual periods; the bowels had become habitually costive. The rectum having been emptied by proper remedies, and the viscera being in a healthy state, Mr. Wormald performed the following operation, December 3:—Chloroform having been administered, and the bladder and rectum previously emptied, the patient was tied, as in the operation of lithotomy. Mr. Wormald made an incision in the perinæum, extending from the left labium obliquely downwards and outwards to the ramus of the ischium in the direction of the os tincae, and in the interval between the urethra and the rectum, the coats of the latter viscus being indicated by the presence of the forefinger of the left hand introduced per anum. After carefully cutting in this narrow interval for about an inch and a half to two inches, Mr. Wormald came upon some yielding tissues, and then to the uterus. A trocar passed readily (and it was suspected through the os tincae) into the cavity of the organ, and there was discharged fourteen ounces of thick, grumous, bloody fluid; a gum elastic catheter was introduced, and the patient was then removed to bed. There was an escape of bloody fluid during the next thirty-six hours, but this has slowly subsided; the patient has suffered occasionally from retention of urine, but there have been no unfavorable symptoms, and there is every prospect of a successful result.

Mr. Callender, the house-surgeon, examined the fluid microscopically, and found that it consisted of epithelial scales, and altered blood discs.

There is reason to believe that, in the present instance, the vagina, which was obliterated to an extent of two inches from its orifice, yet existed above that spot, but was occupied by the distended uterus, which has sunk much nearer the perinæum than natural, owing to its great enlargement.—*London Med. Times and Gaz.*



## SURGERY.

*Re-appearance after Excision of a Non-malignant Growth.—Second Operation.* Under the care of Mr. COCK.—John Markman, a farm laborer of robust health, now aged seventy-one, was under Mr. Cock's care five years ago on account of a tumor, the size of a hen's egg, situated on the outer and back part of the right thigh, which had been slowly increasing for five years. It had given him no pain, and his health had not in the least declined since its appearance. Mr. Cock dissected it out, which was easily done, since, although adherent to the skin, it was loose and movable on the parts beneath. It was a lobulated, firm, fibrous-looking mass, not succulent, surrounded by a thin capsule of cellular tissue, the completeness of which rendered it not difficult to be certain that the whole was removed. The wound healed kindly, and the man left the hospital.

In the beginning of November of the present year he again applied for admission, a growth nearly the size of the former one having made its appearance close to the cicatrix. He stated that it began to grow about six months after the operation, and had again increased in size very slowly and painlessly. It now consisted of two portions, connected at the base, one much larger than the other, and each presenting a rounded, well-defined outline. The skin was not ulcerated, and had never been so.

On Nov. 2, Mr. Cock again excised the tumor, removing, as on the former occasion, the superjacent and attached skin. The section of the growth exhibited precisely the same features as before; it was surrounded by a thin capsule, was deeply lobed, and, when cut, the surface became very convex. Its texture was firm, whitish, and crossed in a radiating direction by bands of fibrous tissue. Mr. Burkitt examined its minute structure under the microscope, and discovered the kind of cells characteristic of M. Lebert's "fibro-plastic tumors." The wound soon healed, and the man has now returned home.

We may remark, that all the main points in the history of this tumor were strongly in favor of its being non-malignant. It had caused no pain, had never ulcerated, had existed for ten years, yet no glands had become enlarged, nor had the health of the patient ever been in the least deteriorated.—*Ibid.*

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*Aneurism after Venesection cured by flexion of the Limb.*—M. A. Thierry has lately published, in the *Revue Clinique*, a case of false aneurism at the bend of the elbow, occurring after bleeding from the arm, which he successfully treated in the following manner:—The arm was forcibly flexed, the limb carried over the head, and the hand fixed on the opposite cheek. The patient remained in this painful position for five days, after which time it was changed to that which M. Velpeau generally adopts for fracture of the clavicle—viz., the arm fixed across the chest, and the opposite shoulder. A fortnight after the beginning of this treatment, the tumor was reduced to the size of a nut; the arm was then kept in the same position for another fortnight, after which no sign of any pulsating tumor remained. M. Nélaton, who saw the patient, considered

the case a very remarkable one, as the aneurism has disappeared, and the vessel remains permeable at the seat of the wound. M. Thierry very justly says, that one case is not sufficient to prove the efficacy of any method of treatment, but that the results here obtained are well worthy of attention; he thinks that further trials will perhaps lead surgeons to treat aneurisms of the limbs by forced flexion, femoral aneurism by flexion of the thigh upon the pelvis, and popliteal aneurism by flexing that leg upon the thigh. If we mistake not, M. Thierry's method is founded upon the principle of pressure, and carried out with a great deal of pain and inconvenience to the patient. If the flow of arterial blood through the sac can be graduated, moderated, and rendered very slow by simple and painless means (as is proved by experience,) it is cruel to torture patients by placing them for a whole month in the position given by the immortal statuary to Laocoon.—*Lancet*.

#### PATHOLOGY AND PRACTICE OF MEDICINE

*Polypoid Growth of the Heart.* (Reported by Mr. J. E. NIELD, Resident Medical Officer.)—Christopher M——, aged forty-seven, an Irishman, and a discharged soldier on pension; formerly served in India; was admitted as a home-patient of the Rochdale General Dispensary, May 5, 1852. I visited him the same day.

*Symptoms.*—Continuous vomiting of two days' duration, the egesta being streaked with blood; no pain, except during the act of emesis; tongue coated with a dense white fur; pulse rapid and very compressible; alvine functions normal. Ascertaining that a few days previously he had received his pension, and on the strength of it he had been indulging very freely in beer, I judged the case to be one of gastric derangement occasioned by this just-named excess. I sent the following mixture:—Epsom salts, two drachms; hydrocyanic acid, a drachm; camphor mixture, six ounces; half an ounce every three hours. I sent also a small dose of calomel and opium, to be taken when the vomiting should have subsided, as I believed it would.

May 6th.—On visiting the man to-day, I was for the first time informed that on the 3d instant, during his debauch, he became involved in a quarrel with another man, who, in the scuffle, kicked him over the region of the liver. On making pressure over this organ, there was some indication of tenderness, though not so considerable as to suggest serious lesion. There was no external evidence of injury. The vomiting still continued as incessant as before; the pulse was more labored; some dyspnoea had come on. There was no cough, nor other pulmonic symptom beyond the dyspnoea, to draw attention to the condition of the thoracic viscera. The face was much blanched, and the vital powers apparently fast waning, as if from internal hemorrhage. All the phenomena, in fact, pointed to the probability of rupture of the liver. I ordered the most perfect quietude to be observed, and sent a mixture containing small doses of opium. I visited him again in the evening; the pulse was fluttering; the respiration more oppressed; the vomiting persistent; the system merging on collapse. There was also some disturbance of the intellectual powers. I ordered bottles of hot water to the feet and to the epigastrium.



7th.—Nine A. M. : Pulse a mere thread ; extremities cold ; breathing much oppressed. He died an hour afterwards.

In connexion with Mr. J. E. Wood, one of the staff of this institution, and with his kind and valuable assistance, I made the necropsy, seven hours after death :—

No special external appearances, except a slight contusion on the arch of the nose. The thorax and abdomen being opened, the heart was first examined. The pericardium contained several ounces of serum ; the heart itself was somewhat hypertrophied. On being removed from its attachments, a dense fibrinous mass was seen to hang from the severed pulmonary artery ; the right ventricle being opened, this body was found to terminate in a lash of fibrinous threads, whose delicate extremities were rather firmly connected to the parietes of this cavity, and to the circumference of the auriculo-ventricular valve. In structure it was firm and elastic, nearly resembling tendon ; and to complete the likeness, it was enveloped in a sort of theca, which was jagged and torn in places, as if it had been lately separated from its adhesions to the endocardium. Its length was ten inches ; its weight 189 grains. At its superior extremity it was expanded into a leaf-like process. At about half its length, a process was sent off of some thickness. The walls of the ventricle were of more than normal thickness ; the endocardium was hyper-hæmatus ; the valvular structures of the heart were natural ; the pleuræ were almost throughout firmly adherent. The lungs were congested, but otherwise healthy. The liver was enlarged, but in structure healthy. *There was no solution of continuity whatever in any part of this viscus.* The stomach was to all appearance healthy, its mucous coat being, if anything, paler than usual ; it contained several ounces of yellowish fluid, that had the odor of malt liquor. The rest of the abdominal organs were free from disease, with the exception of the kidneys, which were enlarged and mottled. The blood was remarkably fluid.

*Remarks.*—It is evident that the whole of the phenomena were dependent upon the adventitious formation within the heart. The peculiarity of the symptoms, however, and the fact of previous violence having been experienced, tended altogether to put diagnosis at fault. It cannot be doubted that the polypoid growth had occupied for some time the position in which it was found after death, but that its adhesions had prevented its exercising much influence on the circulating current. Its detachment may be accounted for in two ways—first, by the shock resulting from the blows and falls encountered during the fight—or second, (supposing the sickness to have been consequent on over-imbibition,) by the excessive retching accompanying the vomiting. Perhaps both contributed to this effect. I am less inclined to attribute the vomiting to sympathy with the condition of the heart, inasmuch as when first I visited the patient, I do not remember observing any pulmonic symptoms whatever.

The post-mortem examination was made in obedience to a coroner's order, and the man who had given the kick before spoken of had been placed in custody. I fully believed that the inspection would have disclosed a ruptured liver ; and it seemed highly probable that the inquest would terminate in a verdict of manslaughter. The evidence given, however, being of course in accordance with the facts already detailed, the verdict was the usual one of "Died from natural causes."—*Lancet.*